

## **Yale Talk: Conversations with Peter Salovey**

*Episode 41: Celebrating Yale School of Nursing's Centennial*

*Guest: Dr. Nicole Seagriff, a member of the Yale School of Nursing Alumni Association board of directors and president of The Pink Agenda*

*Description: In commemoration of the Yale School of Nursing's centennial and Breast Cancer Awareness Month, Dr. Nicole Seagriff joins President Peter Salovey for a conversation about YSN's contributions to the field of nursing, the Community Health Center's approach to promoting health equity, and The Pink Agenda's work to raise resources and awareness for breast cancer research and care.*

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### FULL TRANSCRIPT

**Peter:** Hello everyone. I'm Peter Salovey and welcome to Yale Talk. In recent weeks, the Yale School of Nursing kicked off its centennial festivities. And today, I'm pleased to welcome a Yale School of Nursing alumna who exemplifies its highest ideals. Founded in 1923, the School of Nursing was the first school within a university to offer nurses a full educational experience rather than an apprenticeship program. Since then, it has boldly pushed the boundaries of progress, notably with Yale's first woman dean, the first professor of psychiatric nursing in the world, the country's first psychiatric nursing master's degree program. Lots of other firsts for the Yale School of Nursing. Yale School of Nursing graduates, meanwhile, continue to set the standard in clinical care and research and in professional accomplishment. And my guest today is one of them. Dr. Nicole Seagriff is a member of the Yale School of Nursing Alumni Association board of directors, and she was recently honored with the school's Decade Award, which is bestowed for outstanding efforts and effective value-driven outcomes achieved early in a graduate's nursing career. As a primary care provider at the Community Health Center for the past decade, Nicole concurrently serves as the onsite medical director of the Norwalk and Stamford locations. She also serves as president of the Pink Agenda, which is dedicated to raising resources and awareness among young professionals for breast cancer research and care. So, Nicole, thank you so much for joining me on Yale Talk.

**Nicole:** My pleasure. Thank you for having me.

**Peter:** So the School of Nursing is marking its centennial year and we had a nice celebration. Tell me a little bit more about your reflections, your reaction to this momentous occasion in the school's life, but more importantly, on the school's imprint, on the field of nursing.

**Nicole:** It was really just so fun being at the school. Interesting for me because I went to school at a different location. I was on Church Street, so it was really nice to be on the not-so-new, new campus and to see the simulation lab, the space, and all that's there, but really go back to the core and the root of what was happening a hundred years ago. And as you shared, the history from the Rockefeller Center and the grant that happened to allow the school to be funded and really to be able to refine the profession, to go from that apprenticeship to a truly structured educational component with that mission, to really prepare public health nurses when there was a need. And I think that's so timely. It's still happening now. There's that mission of better health care for all. And I really felt that when I was a student. I feel that now, as someone who hires people from Yale School of Nursing, and just really feel that connection to the

importance of training well-prepared people that want to practice in public health and other settings. But really going back to that core need.

**Peter:** As we talked about at that centennial celebration, my mother was a nurse, but her education was a couple of years at college at Hunter. But then she was in the apprenticeship program at Brooklyn Jewish Hospital and learned in what we now think of as a little more old-fashioned way of getting educated as a nurse as opposed to a university environment. Your own education, because it was in a university environment, must have had a bit more of a balance between the research basis of practice and practice itself. I'm guessing that's part of why future nurses want to be educated in places like Yale.

**Nicole:** Absolutely. As we think about the health care landscape and we think about preparing people who can be in leadership, who can come to the table, make decisions, you really need that comprehensive background in all different ways. And of course, your priority and focus is always going to be patients and how you care for them, and how you make good decisions at the bedside, but also being able to step back and look at the larger landscape of health care is so important.

**Peter:** Well, in that larger landscape, what do we see? We see recent estimates from Health Resources and Services Administration that the country needs 17,000 more primary care practitioners, 12,000 more dental health practitioners, and 8,200 more mental health practitioners. So one reaction to all of that, made even more acutely aware to all of us during the Covid pandemic, Yale has committed endowment support and matching of fundraising to nursing, to public health, and to the medical school, really as a way of building more capacity and encouraging students to study for these much needed positions. Talk to me a little bit about that shortage, and the strain that the pandemic put on the profession, and it's such an appealing profession. Why this shortage?

**Nicole:** I really appreciate that question. Where I operate every day is the context of that shortage, and how do we manage it in the short term and in the long term? How do we think about the future? When I think about the shortages, I think it's multifactorial, of course. But in the current landscape of health care, really having to acknowledge burnout or recognizing even pre-pandemic some of the barriers that are within the health care system. We know that people tend to go into this career because they really want to help and promote wellness and support people in their health journeys. But there's a lot of steps that get in the way of that, from prior authorizations to denial of tests that are ordered. And I think that that really wears on the profession. We know Covid added fuel to the fire, recognizing that providers are human, too, and that it's a really feeling- and emotion-based career. You go into it because you really care about people. So I think the landscape now is, how do we operate with the shortages that we have, and recognize that providers are feeling the effects of that burnout.

**Peter:** For sure. And so you're working in a community health setting that's in multiple cities in Connecticut. And I'm familiar with the Middletown branch.

**Nicole:** That's our headquarters.

**Peter:** Give us a kind of boots-on-the ground view of what it means to be a nurse practitioner and health care administrator in a community health setting. What is your day like?

**Nicole:** My day is never the same. It is always an adventure. I think it is busy, and requires constant flexibility. But I think it's incredibly rewarding, and I think most of us go into this because we want to

make a true impact. For me, thinking from a primary care perspective, there's no better feeling than when someone comes in with well-controlled blood pressure and improved diabetes measure of an A1C, which is how we see how people's diabetes is doing. And I think those are what keeps it so sustainable. When you have those wins and you have those victories. But beyond that, as a primary care provider, it's all about the relationships. I think you get to know your patients, and I've been with my patients for 12 years now, so I've seen patients be first-generation in college. I've seen patients go on to have families and their children have children. And I think that's really what's so meaningful. That's the core of nursing is relationships and really rooting for people and cheering them on. We love when we get to be there for the good, but we know that it's really important to be there for the bad. And so I think working at a community health center is really exciting because you are brought into every facet of people's lives and their families because it's that community base. You often know the whole family and cousins and all of that. And we know we're often up against a lot of social determinants of health. So those barriers that people face when they're at work, when they play, when they learn, and I think we're always trying to overcome those. We're constantly nimble, constantly trying to be creative, and constantly trying to overcome some of those barriers while providing our patients with really high quality care.

**Peter:** Have you seen changes in the twelve years that you've worked in a community health setting, in either the way care is delivered or who our patients are?

**Nicole:** Yes. I think it's really exciting to work at the Community Health Center because we're part of a larger health system. We're part of the Moses Weitzman Health System. And so what that means is that we, of course, have our clinical branch, which is our foundation, where we started over fifty years ago, really wanting to provide that excellence and care to patients regardless of their insurance status, regardless of ability to pay, really, with that belief that health care is a right and not a privilege. So that's always the core tenet of what we do. But we also have a research and development branch where we're able to really explore ways to provide better care. And so I've seen really exciting changes. I'd say one of the ones that impacts me most in the day to day is e-consults. So, years ago, way pre-pandemic, ten years ago, eleven years ago, when I was in my nurse practitioner residency program, we were piloting that, where we could send a message to a cardiologist and get a response in 48 hours. Those of us who are hospital-based are used to that. But in primary care, you're not. You are the leader of the team and you're the one providing care. So to be able to have that collaboration and that feedback in such a timely way, in a really comprehensive way, so easily accessible, has been a real game changer. As a nurse practitioner, we are often filling gaps, particularly in community health. But even beyond that, just thinking of those social determinants of health that patients face, the inability to get to appointments, the inability to leave work during the day to go see a specialist, the lack of specialists in the area. For example, dermatology. Right now, the wait is somewhere between nine to twelve months in the state of Connecticut, maybe even longer in some places. So to be able to take a picture of someone's rash, send it to a dermatologist, and get feedback in 48 hours is unbelievable. We do a lot in primary care. I think we can manage a lot of conditions, but there are some things that are more complex and need a specialist, and that's been one of the innovations that helps us sort of bridge that gap.

**Peter:** You hear people sometimes complain about the automation of electronic medical records, but in fact, there's an awful lot that we just couldn't do, as recently as ten years ago, if it weren't for these innovations in online support for medicine.

**Nicole:** Absolutely. And as we think about how that can impact rural health or places where it's harder to get care, I think it's tremendous. Obviously, we can't have this conversation without acknowledging telehealth, and the impact that that's had.

**Peter:** And of course the pandemic made that even clearer, right?

**Nicole:** Absolutely. I think it was pieces that we were trying to explore, but then having the legal supports behind it and some of the financial supports to help that have been really helpful.

**Peter:** Yeah. So that's a very interesting change. Has, in general, the role of the nurse practitioners-- either in primary care, community-based settings, or in hospital settings--has it changed over the decade that you've practiced?

**Nicole:** I love that question. I think my perspective has been from a primary care outpatient perspective, where we really are a key part of the team. Where I work at the Community Health Center, our clinical director and senior vice president is Margaret Flinter, who is a nurse practitioner and a graduate of Yale School of Nursing--the class of 1980. And she is truly a visionary, a champion. She is so intelligent and is a mentor and role model in the nurse practitioner profession, and in primary care in general. She's really created an environment, along with our CEO, Mark Masselli, to really champion and support nurse practitioners. And one of the best ways that they've done that is through the nurse practitioner residency program. So a novel idea from Margaret that she was able to execute in a sound and sophisticated way, that's stood the test of time over the past sixteen years and has really grown from a model to a movement. So Margaret was hiring wonderful nurse practitioners who wanted to work in primary care, in underserved settings, and was finding that they'd come to practice well-intentioned and really well prepared, but feeling very overwhelmed by a lot of those structures that cause barriers in health care and a lot of those social determinants of health that impact patients in negative ways. So she created this year-long, structured, supported transition to practice, where we've been able to train well over 150 nurse practitioners that are new grads just in the Community Health Center. And then this idea that started in Middletown has now spread to well over 350 programs across the country, has funding from HRSA, and is now really well supported to be able to help that structured transition to practice for new nurse practitioners. One area we've been interested in, now that we've had all this data and time on the sustainability and the long-term outcomes of how does a really sound one-year residency program for nurse practitioners who want to work in underserved settings really play out in the long term? And what we found is that it helps lead to sustainability and keeping people in practice long term. Also helping reduce burnout, and also to help with some aspects of leadership and people who want to get involved, make quality improvements, change health care in other ways, having had that really solid foundation.

**Peter:** How does it work? You graduate from Yale School of Nursing, you have your master's in nursing, but before you're hired on the staff as a nurse practitioner, you do a year of internship?

**Nicole:** Yes, essentially. I felt extremely well prepared graduating from Yale School of Nursing. For those who are really interested in caring for underserved populations in a federally qualified health center, we know that can be really complex, really challenging. This provides that extra year of training. So, for example, it allowed training in managing HIV and Hepatitis C, opioid use disorder. So even twelve years ago, when I was in the program, before nurse practitioners were allowed to prescribe buprenorphine, which is the medication that helps people with opioid use disorder, help try to prevent people from overdose and death. Part of the residency program was exposure to that, and working alongside an MD

who was prescribing to be able to help fill in those gaps and to provide that care. So the intention behind the residency program is to build off that really wonderful preparation and training that comes from school, particularly those who want to practice in underserved settings. If a patient doesn't have insurance and you, as the primary care provider, can offer that somewhat specialized treatment for HIV or Hep C and really make it part of the primary care experience so you don't have to go to another office. You can have that all in one setting. We know that it brings the care to patients and improves outcomes.

**Peter:** And it sounds like exposure to aspects of health and medicine you might not have seen in school, but also working in a setting that you might not have worked in and with population that you might be less familiar with. My guess is you get a lot of people who do those internships, then want to stay in that setting. And it's also a recruiting tool, I would think.

**Nicole:** It really has been a powerful way to expose people to community health, and that means being there for patients in all capacities. You're a little bit of everything sometimes as a primary care provider, particularly in an underserved setting, because you want to reduce barriers, to be able to bring care to patients.

**Peter:** What you're talking about, in a more general sense, is the movement for health equity. That everybody should have access to quality care. And this, of course, is something that's in the news a lot, but also a big part of training at the Yale School of Medicine, at the Yale School of Nursing, and I would say study at the Yale School of Public Health. Maybe say a little bit more about the role of community health care settings of nurse practitioners in health equity. You've been kind of speaking to that issue throughout this conversation. But now, if we zero in on health equity, how are we going to solve the problem?

**Nicole:** I wish I had the ways to solve all the problems. When we think about equity at the Community Health Center, it's really how do we support patients. And from a clinical perspective, it's being able to provide all of the resources. And by resources, of course, I mean medications, proper diagnoses, diagnostic imaging, but also those social pieces. So how do we connect patients to healthy food? How do we connect patients to therapy to make sure that their mental health needs are met? And how do we do that in a way where everyone feels that it is done seamlessly and in a supportive environment, where it's just part of the standard of care that you are looked at as a whole person? That's really where the residency program has come in. Community health centers have been doing this for 50 plus years, just making sure that the needs are met where patients are.

**Peter:** I trained as a clinical psychologist. I'm really a researcher and a teacher, but I do have a license, and I spent a year at the West Haven VA Medical Center. And that system has a similar attitude of trying to provide care to the whole person, trying to address barriers that keep people away from hospitals or primary care. I was very impressed, actually, at the system, even though when you don't work in it, you might have an attitude that that couldn't possibly be delivering great care. We actually delivered great care. We have an experiment going on in our midst. And I think community health care settings are a similar kind of experiment in a different way of delivering care that people with more affluent backgrounds, they might not hear so much about it. And yet it's the way that so many in our society are getting their care, and they're getting good care.

**Nicole:** 33 million people in the United States.

**Peter:** Get care from a federally qualified health center?

**Nicole:** Yes.

**Peter:** That's great. We're lucky here in New Haven to have two very prominent ones, and they're also great training sites.

**Nicole:** It's such an opportunity to learn there. While I was at Yale School of Nursing, an alumna of the YSN program would always take students. And so I was very fortunate to be placed at the community health center's location in New London. And I remember when I got placed there, I thought, New London, that's really far from New Haven. How is this going to work out? But was so grateful for the exposure and experience I had. I just really fell in love with the population and the patients were so, so grateful and we were able to really provide so much care, and to do it in a team-based approach, and to have those resources in place to recognize that you need a team to be able to provide that high quality care has been really powerful.

**Peter:** I want to move from your work in community-based healthcare and primary care to your work as the president of the Pink Agenda. This happens to also be Breast Cancer Awareness Month, and it's true that 1 in 8 women in the United States will develop breast cancer during their lifetime. My sister is a breast cancer survivor. And tell me about the Pink Agenda and tell me about your leadership of it.

**Nicole:** The Pink Agenda is a nonprofit dedicated to raising awareness and funds for research among young professionals. It started over ten years ago, where some college students had been really impacted by a loss. One of the founders' mother passed away from breast cancer while she was in college, and they started raising money, recognizing that research is really a powerful way to make a difference in the future. And it really evolved, and they were able to connect with the Breast Cancer Research Foundation, which is the largest private funder of breast cancer research, and they wanted to create a board of young professionals who could bring this mission into the next generation. And I became involved when I was diagnosed with breast cancer when I was 26. I had graduated from the Yale School of Nursing about a year prior to my diagnosis. So was a new graduate, had just started at the Community Health Center in my residency program. I was speaking to a patient about family history, and she shared with me a very strong family history of breast cancer. And she asked me, what would you do if you're in my position with my family history, would you do genetic counseling? And I remember thinking, what you don't know is that I had almost an identical family history. My grandmother passed away when my mom was of breast cancer. My aunt was diagnosed in her mid-forties and passed away while I was at Yale School of Nursing. And she did not have insurance, so she felt a lump, she knew she had a family history, but didn't know where to go, where to turn, and unfortunately she ended up passing away of metastatic breast cancer while I was in my last year at Yale School of Nursing. I was a student at the Community Health Center and was seeing the really high quality care patients were getting, and had been living through the experience of witnessing a family member not know where to go, not know where to turn. She lived in another state, so I couldn't connect her with resources here. And when she passed, never wanted another family to feel what we felt, to feel those feelings of not knowing where to go or what to do. And we know when breast cancer is diagnosed early that it has really excellent outcomes. But in order to get diagnosed early, you have to have access to resources. And so having that experience, while concurrently being a student at the Community Health Center and also working as an intensive care unit nurse at Yale New Haven Hospital, and seeing patients come in with devastating consequences from uncontrolled diabetes, devastating consequences from uncontrolled hypertension. It all really came together for me through my

breast cancer diagnosis at a very young age, that I wanted to make sure that I was practicing in primary care, to be ordering mammograms, having conversations about health, but then also having this opportunity to raise money, raise awareness, and talk about the importance of research, specifically. And that means so much to me because I heard the stories of what my grandmother had gone through and the impact that that left on my mother and my family. And then really wanted to be able to celebrate that my outcomes were so different because I had access to genetic testing, because I had access to an MRI that caught a very early stage breast cancer, and to really be able to pay that forward to the next generation through research.

**Peter:** That's a lot of loss to experience at a young age. That's also a health condition that, as you say, people in their 20s aren't expecting to experience. If you don't mind me asking about your personal health story, you're younger than any screening guidelines would suggest to have regular mammograms, and it must have been a little shocking. Tell us a little bit about being a 26 year old with breast cancer.

**Nicole:** I knew from my family history and from finding out that I have a BRCA-2 mutation, and that places me at a lifetime increased risk of developing breast and ovarian cancer. I sort of knew that it was in the realm of possibility. But most of my family members had been in their early 40s, and so to be diagnosed at 26 was definitely shocking. I was very fortunate to be plugged in at a high risk program here at Yale New Haven Hospital because of knowing my genetic status, and that's how I was able to get the MRI that caught my cancer so early. But even through that process, I remember the oncologist saying, you know, it's highly unlikely, even with your high risk, it's 1 in 20,000 chance at your age. So go on with your life, travel--I had a trip planned, and then come back and do the biopsy. I was at work when I got the diagnosis. I had my white coat on, my stethoscope around my neck. I had been missing calls from the oncologist because I was in rooms caring for patients, and to be honest, I didn't think that I was going to be diagnosed with cancer, so didn't really think that it was going to be a phone call that would change my life. And it was the end of the day. And of course, tears came to my eyes. But remember thinking, I know that there's a lot out there that can be done. And to your point about the screening guidelines, there's still lots of conversation around that and lots of research. But I think what's important is conversations around family history, recognizing that, right now, as far as we know, genetic risk for breast cancer is only about 10% of the cases. I think in the future that will change. I think we'll learn more about that. But recognizing that family history is incredibly important. But also recognizing some people don't know or don't have access to their family history for a variety of reasons, and that there are many people diagnosed without a family history. So it's that fine line of wanting people to be aware and proactive, while also being able to live your life without being too concerned. So I think it's having conversations, talking to your health care provider, understanding your own risk, and not being afraid to follow up on those conversations. I love conversations in primary care when patients come to me and say, I want to talk about my risk for X, Y, Z, or I know I have a family history, I know this or that might be a risk factor, and how can we plan for that? And that's a key part of primary care and thinking about how we can support patients.

**Peter:** We were talking earlier about the ways in which essentially having internet support for care allows specialists to see patients in primary care setting, but it allows for quick calculations of risk. I know when I get my annual physical, I'm told what my risk of various disease outcomes is. And it's helpful in planning lifestyle changes, and it's helpful in planning screening, right. The guidelines are pretty generic. There's the guidelines and then there's what's best for you.

**Nicole:** Exactly. Precision prevention.

**Peter:** Precision prevention, that's a great phrase.

**Nicole:** I think that's a key piece of it. And when I was going through my experience, I decided to go back and get my DNP, my doctor of nursing practice. It was before Yale had a program, which they do now, and it's a really wonderful program. So I went down to Duke University and my project was really around, how do we have conversations with patients at federally-qualified health centers around genetic risk for breast cancer, specifically? And we implemented a screening tool at the health center and saw that patients were really interested in that conversation about ways to be proactive and wanting to connect with genetic counselors, to talk about that risk, and then follow up if there were any genetic mutations that were identified. So I think there's lots to come there.

**Peter:** So you're a graduate from the Yale School of Nursing, and you've been quite active in the alumni community. Tell me a little bit more about the alumni association and about your involvement, and why you think it's important for alumni to stay attached, not just to their college, but to their professional school alma mater as well.

**Nicole:** When I think about my experience at YSN, I really think of the people that I met while I was a student. So the people in my cohort and in my class, and how much I learned from them. People came to YSN with unbelievable experiences--in the Peace Corps, international work, work all over the United States, just in really interesting, niche, important populations. And I found that was really meaningful as it even shaped my own direction and my own career. But when I really think back, it was through a lot of the alumni that I was able to have mentorship, to have a smooth transition into my practice, both while I was at YSN in my clinical rotations, having a former student that was willing to take current students in their own practice and really show them how to be a really wonderful primary care provider. But I also think through exposure to meeting people that had graduated from YSN who are really thought leaders and visionaries and are so incredibly dedicated. When I think of the alumni and when I think of people in the program now, the word dedication shines through. People are incredibly driven and brought to YSN for a mission, and it really is to bring better health care for all people. It's been really wonderful to work with the alumni board and to get to just know what other people are doing. And one of the most beautiful things about nurses is a lot of times they don't realize how wonderful the work is that they're doing because it's a calling and it's just a part of who they are. And so when you get going in conversations, you hear about all this amazing work that you would never otherwise hear about because they're not touting it, they're just doing it. That's been a really wonderful part of the alumni board and experience, and I think our mission is to connect with the school, be a support for the students. We know the professors, the teachers are outstanding. They are top notch. But when you sign up to be a nurse, it is a lifelong profession. It is a commitment to learning constantly. It takes a whole team to do that while you're in school, and then when you're out of school as well. That's where the alumni really come into play, to be that support, even after school ends and to be able to be that community. It's been really fun to be able to connect with students around resume review, and mentoring, and talk to current students about where they want their career to be, even when they don't know what that looks like. And to be a small piece of that.

**Peter:** I think my mother would have loved that kind of experience, on both sides of it. I think she would have loved having that kind of a network when she first graduated from nurse's training, and then I think she would have loved to have been pulled back into a mentoring role. Because in those days, you had to figure it out a lot on your own. And she eventually worked in a lot of different nursing environments and did a lot of different kinds of nursing. The last twenty years of her life discovered geriatric nursing and



really enjoyed working with the elderly, and eventually was doing less clinical care and more on the management side of it. But I think her heart was really in clinical care for the elderly. And you're right, it was a calling for her. I mean, she probably couldn't tell you why, but she got up every morning and did it, and loved it.

**Nicole:** And I think that's how you can be with patients through the best and worst of times, when it's something that comes from deep inside, that really drives and motivates you. And I think one of the most beautiful parts of the profession is what you said. Your mom was able to explore these different areas and find what really sparked joy in her heart, and called to her mission. And I think sometimes, especially for people who are maybe younger when they come into graduate school. I started at YSN a year after I graduated from college. I knew I wanted to help people. I knew I wanted to be a nurse practitioner, but I didn't have it fully shaped what that meant. And I think it was truly through mentorship, through exposure, through conversations that I was able to see what that meant and what that could look like, and how that fit in how my life was evolving. So I think being there for the next generation, training the next generation, and supporting the next generation is essential.

**Peter:** Totally agree. And I'm so thankful that you, and alumni like yourself, are willing to give back to the university and to our students in that way. So thank you for doing that.

**Nicole:** Thank you.

**Peter:** Well, I'd like to thank you, Nicole, for joining me today on Yale Talk and in helping us mark this milestone year for the Yale School of Nursing. There's a lot to celebrate. There's a lot to build upon a century of excellence for the benefit of humanity. And I'm grateful to those who brought the school to where it is today. And I'm especially grateful to alumni like you, Nicole, for all you do in support of communities, and our world.

**Peter:** So to friends and members of the Yale community, thank you for joining me for Yale Talk. And until our next conversation, best wishes and take care. The theme music, *Butterflies and Bees*, is composed by Yale professor of music and director of university bands, Thomas C. Duffy, and is performed by the Yale Concert Band.