

Duquesne University School of

NURSING

Vol. 8 (2023)

Magazine



**NAVIGATING THE
GREAT
REALIGNMENT**

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LETTER FROM THE DEAN

“The character of the nurse is as important as the knowledge he or she possesses.” – Carolyn Jarvis



With the unprecedented impact of the COVID-19 pandemic and the recent “great resignation,” the nursing profession has been hit hard, leading to a shortage of nurses in hospitals and nursing faculty in schools across the United States.

At Duquesne, we understand the gravity of this situation and the need to explore creative and sustainable solutions, which is why we have dedicated our feature story to this very topic. Along with our nursing colleagues and peers, we’re generating conversations and proactively seeking solutions because we believe we can work together to meet the current and future demands of the health care industry.

This year we are also excited to highlight some of the innovative initiatives being undertaken by our faculty, such as Associate Professor and Macy Scholar Dr. Jessica Devido, who is leading the charge in promoting maternal child health equity by preparing the future health care workforce to understand and address systemic inequities. Her efforts are inspiring and showcase the commitment of nurses to improve the health outcomes for all patients.

You’ll also learn about faculty member and recent DNP graduate Sister Mary Meyers, who finds success in the success of others. Meyers’ DNP project was aimed at helping students struggling with stress and anxiety. She is truly dedicated to her work, and we believe that her research is already making a real difference in the lives of countless nursing students.

Additionally, we feature alumnae Jayna Mocerì-Brooks, who is working to help veterans pursue the Purple Heart to help prevent veteran suicide, and Felicia “Liz” Stokes, the director of the American Nurses Association Center for Ethics and Human Rights, who is recognized as a leader in the health and legal communities and as an international speaker on the code of ethics for nurses.

We are proud to have welcomed our first Doctor of Nurse Anesthesia Practice (DNAP) program cohort as part of our partnership with Allegheny School of Anesthesia. Our entry-level DNAP program will provide nurses with the skills they need to make a difference in a wide range of care settings.

Lastly, in addition to our faculty and school’s numerous awards, rankings and recognitions, we feature two undergraduate nursing students, Noah Amrhein, whose instincts for practicing a more well-rounded, holistic based type of patient care drew him to Duquesne, and Emmala Le, who is passionate about promoting diversity and inclusion and driving social justice and equity in health care as a future Duquesne nurse.

We hope that our School of Nursing magazine will inspire and educate you. Thank you for your dedication to the nursing profession and health of our citizens. We look forward to your continued support.

Sincerely,

A handwritten signature in black ink that reads "Mary Ellen Smith Glasgow".

Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN
Dean and Professor



**AND WHILE EVERYDAY LIFE AND THE ECONOMY
COULD CARRY ON WITHOUT MANY OF THOSE
WORKERS, NURSES WERE DEEMED AS ESSENTIAL
WORKERS IN THE FULLEST SENSE OF THE WORD -
LIVES LITERALLY DEPENDED ON THEM.**

THE NURSING SHORTAGE: NAVIGATING THE GREAT REALIGNMENT

FACED WITH AN UNPRECEDENTED SHORTAGE OF NURSES, AND RELATED UNTOWARD PREDICTIONS FOR THE U.S. HEALTH CARE SYSTEM, HOSPITALS AND SCHOOLS OF NURSING ARE EXECUTING CREATIVE AND SUSTAINABLE SOLUTIONS.

Nursing is a nurturing field composed of men and women dedicated to caring for others. While nurses have a real sense of purpose, it can at times be a tough job.

THE PATIENT

Even before the COVID-19 pandemic, nursing shortages occurred now and then for years due to economic downturns, waves of retiring nurses and increased health care demands, due in part to the passage of the Affordable Care Act in 2010. So, when the pandemic hit in March 2020, nurses – who represent the largest group of health care professionals in the country – were already under significant strain.

Duquesne School of Nursing Dean and Professor Mary Ellen Smith Glasgow, who has seen a lot in her 40 years in the nursing profession, admits she has not seen anything quite like what she has seen in the past three.

“COVID has been tremendously hard on nurses because of the stress, long hours, fear for your own health, dealing with the unknown and watching death – limits beyond what you are used to seeing day in and day out,” Smith Glasgow says. “As a result of the prolonged stress, many nurses left their position, the profession, or decided to retire early.”

Nursing was not immune to the so-called Great Resignation, when workers from all sectors of the economy voluntarily resigned en masse beginning in early 2021. And while everyday life and the economy could carry on without many of those workers, nurses were deemed as essential workers in the fullest sense of the word – lives literally depended on them.

Health care has forever changed,” says UPMC Chief Nurse Executive and Vice President of Nursing Maribeth McLaughlin, who is responsible for leading the strategic vision for nearly 21,000 nurses at the University of Pittsburgh Medical Center (UPMC). “Since COVID-19 and the great resignation, it’s been traumatic and also good in an odd way. We have the opportunity to make things better for our patients and our staff, and it means we are challenging ourselves to reevaluate how we have always done things. We are moving forward and not looking back.”

That is why hospitals are doing everything they can to support their frontline workers. In addition to seemingly small things like “welcome to work” celebrations and pizza in the break room, many hospitals are also offering significant raises and enhanced benefits that include childcare and pet care, gym memberships, wellness coaches and yoga classes.

In general, nursing and hospital leadership can make sure nurses feel heard by doing more executive rounds, having lunches with staff, and convening town halls to make sure everyone is informed and up to date with what is going on in a fast-changing environment.

Of particular importance during the time of COVID would be putting together a response team that would come and sit down with the nurses to debrief and give them support after a particularly stressful event in their unit.

But Claire Zangerle, the chief nurse executive at Allegheny Health Network (AHN), says that if hospitals, schools and even governments do not pull together to come up with a viable solution, the situation will only get worse – much worse.



“If we do not do something, we are going to have to close hospitals,” Zangerle says. “Health care would be rationed and limited, and we would end up having the kind of health care system we do not want to have in our country.”

THE DIAGNOSIS

In May of 2022, management consulting firm McKinsey & Company published a report on the ongoing impact of the COVID-19 pandemic on the nursing profession. Their analysis indicated that by 2025 the United States could be facing a perfect storm of challenges to its perennially overburdened health care system: a decreased supply of nurses in the workforce; an increase in inpatient demand related to COVID-19; and an increased demand for health care due to a growing and aging population.

“An aging population is a piece of that demand,” former Chief Nurse Executive Holly Lorenz says. “The other piece is that nurses are leaving the bedside and finding jobs where they can work virtually.” Lorenz, who recently retired from UPMC, believes that the pandemic has been a significant learning moment for both the nursing profession and the health care industry as a whole.

“We have learned that nurses are able to connect in ways we never considered,” Lorenz says. “A nurse being able to work from home doing telehealth and other things we did not do virtually before are now opportunities, and that is really appealing.”

“Also at UPMC, we have looked at ways to advance nurses on a robust career ladder, and have started new programs for flexible shifts, internal travel, virtual care and other programs, all that will meet the current lifestyle of our nurses,” adds McLaughlin.

Diane Hupp, a colleague of Lorenz and McLaughlin, and president of UPMC Children’s Hospital of Pittsburgh, believes the pandemic has prompted many nurses to make changes that improve their work-life

“A nurse being able to work from home doing telehealth and other things we did not do virtually before are now opportunities, and that is really appealing.”

balance. “I have seen a number of nurses that have left not the profession or even our hospital or system, but the bedside,” Hupp says. “They have a desire to work daylight hours Monday through Friday, and have a more guaranteed schedule.”

Zangerle has seen a similar trend in her experience at AHN. “For us, it is not really the Great Resignation, it is more the Great Realignment,” Zangerle says. “Many nurses are looking to do different things in nursing. We had people leaving direct care to do work-from-home jobs, but we did not have enough new nurses coming into our facilities.”

THE COMPLICATIONS

Unfortunately, that shortfall is only projected to get worse. The McKinsey & Company report estimated that, also by 2025, the United States may have a gap of between 200,000 and 450,000 nurses available for direct patient care, a decrease of up to 20%.

“In order to make up for that number, we are going to need to double the number of new nurses every year,” Smith Glasgow says. “And that is problematic because it is hard enough to double the number of nurses – it is going to be really challenging when we are losing faculty at the same rate.”

Smith Glasgow says that while nurses attempted to meet the excessive patient care demand in the hospitals, nursing faculty were busy conducting COVID testing, vaccinating students and going into clinical settings themselves donned in full personal protective equipment to teach students.

Nursing faculty also ended up having to teach twice as much. The hospitals could only take small numbers of students for safety reasons, so nursing faculty had to take two groups of students instead of one, adding to their time burden. Additionally, faculty had to teach online classes because of COVID restrictions.

“Faculty are tired, so you see them retiring in record numbers,” Smith Glasgow says. “And there was already a prediction that we would lose 30% of the nursing faculty by 2025.”

There is also a shortage of another type of nursing educator that provides an absolutely essential and invaluable experience: preceptors.

Preceptors are registered nurses or advanced practice nurses who teach and mentor student nurses at the health care facility where they work. Preceptors are not paid extra for this work; however, they are expected to maintain the same levels of productivity, even with the added workload of supervising students.

“And there was already a prediction that we would lose 30% of the nursing faculty by 2025.”

The value of a preceptor is that he or she takes a student one-on-one, as opposed to a clinical setting where a faculty member takes a group of six to eight students to observe and practice at an affiliated hospital.

Susan Kelly, clinical associate professor and director of Undergraduate Adjunct Faculty and Clinical Affairs for the School of Nursing, was a preceptor early on in her career as a nurse. “The student is there working with that nurse shoulder to shoulder, learning how to be a nurse,” Kelly says, “It is a great learning experience.” Gradually, the preceptor moves from having the students merely observe to giving them more patient care responsibility while regularly evaluating them and giving feedback.

In addition to practicing basic patient care, students also have the opportunity to attend different administrative meetings with their preceptor, so they get to see the full picture of what a nurse does, as opposed to the snapshot they get on their clinical rotation for eight hours.

COVID-19 and the Great Resignation have also impacted the availability of clinical faculty, who teach students in the clinical area. Clinical faculty are in short supply because many are working overtime in hospitals because of staffing needs. Many nurses also did not return to graduate school due to work demands. Fewer faculty, now and in the future, means fewer spots for nursing students.

THE TREATMENT

The nursing shortage has created a vicious circle within the nursing profession as a whole. Fewer nurses going into teaching means there will be fewer new nurses, which intensifies the nursing shortage.

Fortunately, local nursing faculty and hospital administrators are working to come up with solutions to get off the nursing shortage carousel. “Making sure we have a faculty pipeline is critical,” Lorenz says, “and there are a couple of things that UPMC is doing to help with that.”

According to Lorenz, UPMC also allows their employees to have a dual appointment – meaning they work with patients but they also work as faculty. “And that has been incredibly attractive because it is a nice balance for them,” Lorenz says.

Duquesne School of Nursing has been looking to draw from the pool of students who already have a bachelor’s degree in some other area for their Second Degree BSN program in an effort to increase the supply of nurses. To that end, Duquesne has increased tuition dollars awarded to its second degree students through a generous \$2.5 million gift from the Bedford Falls Fund. Grant dollars will be disbursed in increments of \$500,000 a year to give those second degree students awarded funds \$15,000 toward their tuition.

AHN is looking to enroll high school students who are in vocational tech programs into their Licensed Practical Nurse (LPN) programs, hiring them in to an entry level job in their organization, and then matriculating them to an RN or BSN program. AHN is even offering tuition forgiveness for some students in their last couple of semesters, as well as offering to cover student tuition in exchange for a two-year commitment upon graduation.

Lorenz says that, as important as the nursing pipeline is, another critical aspect to nurse retention is making sure that hospitals understand the importance of self-care for their employees, and offer opportunities to help them meet that. “We have tried to build whatever we hear our employees at UPMC need because if we take care of our caregivers and nurses, they are going to be much more able to care for others,” Lorenz says.

“For instance,” says McLaughlin, “at UPMC, we are re-inventing onboarding, residency and education, all based on graduate nurse feedback. We are looking at new models of care that include the entire team of both clinical and non-clinical support, reducing time spent in documentation and giving nurses that time back with their patients, which they have told us they want. The development of programs designed to address the emotional wellbeing of our staff are also under way.”

“We have been taking several approaches at AHN,” Zangerle says. “We have offered some significant raises and enhanced

benefits as well as flexible scheduling. For example, nurses who want to work only nights, as well as a straight weekend shift for people who do something else during the week.”

But the nursing shortage did not happen overnight, they warn, so there are no quick fixes.

“I would love to say we have one magic bullet we think is going to work, but we do not,” Zangerle says. “We have to scale fast or fail fast – when we find something that works, do it quickly and scale it out. If something is not working, do not keep beating your head against the wall.”

THE PROGNOSIS

The good news amongst all the bad is that nursing has never had more recognition than it has had in the last two years. Lawns across the nation remain dotted with “health care heroes” signs, and nursing was rated the most trusted profession once again in 2022.

“Nothing can replace the role of the nurse as part of that personal touch of healing, that compassion that happens, even non-verbally, during an interaction with a patient or family,” Lorenz says.

As nurses around the nation are soldiering through the toughest period of the profession in a generation, hospitals and schools of nursing are making sure that nurses know how much they are valued by the commitment and investment they are making at their respective institutions. ♦



WE'RE RUNNING OUT OF NURSES. HERE'S WHAT WE MUST DO.

By Mary Ellen Smith Glasgow, PhD, RN, ANEF, FAAN

The COVID-19 pandemic and subsequent "Great Resignation" have been extremely hard on the nursing profession. A recent McKinsey & Company study projects dire nurse staffing issues in the next few years, as the U.S. could be short 450,000 nurses, or 20% of the nurses needed, by 2025. However, another severe, imminent shortage is not discussed widely, one that could make the problem even worse: a shortage of nursing *faculty*.

According to the National League for Nursing, 30% of nursing faculty active in 2015 were expected to retire by 2025. Not surprisingly, COVID-19 has accelerated retirements. According to the American Association of Colleges of Nursing, 8% of full-time faculty positions were already vacant in U.S. nursing schools in 2021, resulting in thousands of nursing students being turned away each year.

The McKinsey report issued a stark warning: Nurses report planning to leave the workforce at higher rates compared to the past decade. If the U.S. does not have an adequate supply of well-prepared nurses, the health of our citizens and communities will suffer.

It generally takes four years to earn a nursing degree, so the U.S. is already behind. We cannot wait until 2025 to address these nursing issues or staffing will decline to dangerous levels. To meet the projected nurse shortfall, the U.S. will need to more than double the number of new graduates entering – and staying – in the nursing workforce every year for the next three consecutive years. The work of doubling the workforce is challenging enough, but in the context of a significant nursing faculty shortage, it becomes unthinkable.

The pandemic has taken an additional toll on nursing faculty. They also bore the burden of COVID-19 – giving COVID tests and vaccines, doubling their workloads due to teaching additional clinical rotations with decreased numbers of students permitted to enter clinical sites, transitioning to online learning and testing, and instructing simulation labs by individual or small group appointment rather than by class, to limit transmission of the virus.

They also worried about their own personal health and that of their loved ones but carried on. They provided individual sessions to graduate students, working nurses who could not attend class due to work demands.



We need to rebuild the nursing faculty workforce in record time, and this will require changes at multiple levels.

Amid the economic challenges confronting higher education, many nursing faculty have worked without merit raises or market adjustments during the last few years. The majority of nursing faculty earn less than their colleagues in practice and other professional disciplines in the academic sector.

We need to consider the level of education and clinical experience required of nursing faculty and compensate them accordingly and with a clear understanding of their earning potential in the health care setting if we want to attract nurses to academia and retain them. There must be a substantial investment in doctoral nursing education and nursing faculty positions from private and public sectors.

Nursing education accreditation bodies need to re-evaluate what they are asking of nursing faculty in terms of workload and actual impact. We need to simultaneously invest in undergraduate nursing education via scholarships and nationwide public relations campaigns about the benefits of a nursing career (in addition to the usual targeted recruitment efforts), as well as loan repayment and other work-related strategies to retain nurses once they complete their education.

The bottom line is clear: We know there are not enough nurses today, there is not enough faculty to meet the current demand and the situation will probably get worse in the coming years. Without swift action, and a major commitment from all stakeholders to rebuilding the nursing workforce, Americans will pay the price. We need to act now. ♦

Mary Ellen Smith Glasgow's letter to the editor was originally published Aug. 25, 2022, in the Pittsburgh Post-Gazette. Her previous letter, "It is Time to Invest in Nurses," was published Dec. 2, 2021.



JESSICA DEVIDO, PHD, CPNP, DEVELOPS A MATERNAL CHILD HEALTH EQUITY FELLOWSHIP TO BATTLE MATERNAL CHILD HEALTH INEQUITIES BY REDESIGNING BSN MATERNAL CHILD HEALTH NURSING EDUCATION



Jessica Devido, PhD, CPNP

Associate Professor and Macy Scholar Dr. Jessica Devido is helping undergraduate nursing students promote maternal child health equity by preparing the future health care workforce to understand and address systemic inequities.

According to Devido, the most important clinical skills in nursing are active listening and a commitment to authentic communication. And as an associate professor at the Duquesne University School of Nursing and one of just five interdisciplinary faculty across the country to have been selected as a 2021 Macy Faculty Scholar, Devido is excited to share the importance of this outlook with future generations of Duquesne nurses through a new educational innovation project – the Maternal Child Health Equity Fellowship.

As part of her Macy Scholars selection, Devido has developed the Maternal Child Health Equity Fellowship, a program designed for undergraduate pre-licensure nursing students to promote equity, cross-cultural sensitivity and collaboration with community stakeholders.

“The goal is to help build a better working relationship between nurses, interdisciplinary colleagues and new mothers in communities of color. We want patients to feel as though their needs are being met, and they are truly being heard and understood,” explains Devido, the first Duquesne nursing faculty to be recognized as a Macy Scholar.

Devido, who spent months planning her project as part of the Macy Faculty Scholars application process, says being among such a small number of selected educators has left her genuinely humbled. “I feel so honored to have this amazing opportunity,” Devido says. “I feel blessed to be at a university with a true mission to serve others, and I have felt that in every capacity here. Our university and our faculty and staff serve not only God, but we serve our students, the community and each other.”

Devido explains that as a nurse educator, she is preparing nurses to be nurse generalists. When they graduate and pass the NCLEX-RN exam, they are licensed to practice in multiple specialty areas. “This program provides a more intentional, deliberate education for those who have expressed a desire to work in maternal child care,” says Devido. “It goes beyond what they would typically receive in a standard nursing education and creates a focus on issues of equity.”

And, according to Devido, this type of intervention is needed – particularly in the maternity unit because the country is currently in the throes of a “maternal child health care crisis,” with women of color bearing the brunt of the burden. Devido has been influenced by the deep and imperative work of community members and researchers to reach this conclusion.

Devido’s claims are mirrored by extensive literature, including a recent report from the Centers for Disease Control, which found that Black women are three times more likely to die from pregnancy or childbirth-related causes than white women – an alarming phenomenon the organization attributes to structural racism, as well as variation in the quality of health care, underlying chronic conditions and implicit bias.

“I feel blessed to be at a university with a true mission to serve others, and I have felt that in every capacity here. Our university and our faculty and staff serve not only God, but we serve our students, the community and each other.”

“Sometimes, there are cases of a woman saying she is in pain or feels there is an unrecognized problem and getting brushed off. Or a provider may say, ‘OK, we are going to do this procedure,’ without consulting with the patient and providing a choice, even if other options are available,” Devido says. “Patients may not realize it is their right to ask questions about their treatment. They must be recognized as a full partner in their care. This is where there is room for change in maternal child health care.”

Devido hopes to help facilitate change through her inaugural Maternal Child Health Equity Fellowship program. Open to senior-level nursing students interested in pursuing their nursing careers in maternal child health, the fellowship spans nine months or two academic semesters and combines traditional teaching and hands-on learning to enhance students’ knowledge of equity and their focus on accountability and individual response. Twelve Duquesne nursing students were selected as inaugural Fellows in the fall of 2022.

A committed professional and teacher-scholar, Devido’s curiosity and drive foster her research and creativity and have made her classroom a valuable learning environment for her students.

The overall idea, explains Devido, is to engage nurses in working to proactively eliminate race-related inequities through a collective approach to the concept of safe womanhood. “There are amazing people doing this work in our community. I am committed to teaching our students the importance of learning from and working alongside those leaders. We want to educate students to invest in clinical solutions that will serve people who may have been underserved or marginalized in health care. In this case, we are talking

about solutions specifically for maternal child health equity,” says Devido. “That means immersing students in the communities in which they will be serving. Having them work for and learn from community leaders, birth workers and community activists.”

It also means taking a more holistic approach when helping women prepare for the transition they will undergo as new mothers – and, perhaps most critically, showing future nurses how to actively listen to all patients. “Nurses truly are the first point of contact and the first point of care in a hospital setting,” Devido says. “We are at the front lines and widely regarded as members of the most trusted profession. We must use that power to advocate for our patients and help amplify their voices so they can be heard and receive equitable care.”

To develop the program, Devido turned to the birthwork community for partnership and recruited several doulas who are women of color to help shape the curriculum. Together, they created a program advisory board and staffed it with leaders from across the Pittsburgh area. This includes the position of community advisor, who serves as a cultural advisor and community navigator for the board. The board is rounded out by three additional Duquesne faculty members, representing experts in sociology, history and clinical affairs. The multidisciplinary approach helps ensure that these aspects of the issue are not discounted.

“I am very excited for the possibilities of how we might be able to impact some of the disparities that are occurring related to maternal child health here in the Pittsburgh area, hopefully changing the experience and the viewpoints of our students to better serve their patients,” says Devido.

The Macy Faculty Scholars Program required Devido to identify a project mentor and also paired Devido with a national advisory committee mentor, both to help assist and guide her through the development and execution of the program. Devido selected Dr. Joan Rosen Bloch as her project mentor. As a clinical and translational nurse scientist with expertise in vulnerable populations, public health and maternal child health (MCH), Bloch has experience mentoring faculty in nursing and public health. She is engaged in MCH initiatives, both regionally and nationally, and has provided valuable connections. Devido says she was thrilled that the role of national advisory committee mentor was filled by Dr. Afaf Meleis, a former professor of nursing and sociology and Dean Emerita at the University of Pennsylvania whose Transition Theory Devido says underpins much of the framework of her project.

“I feel so honored to be able to have had this once-in-a-lifetime opportunity, to be able to do the work that I am doing through the Macy Faculty Scholarship, and to be connected to a national cohort of multidisciplinary scholars doing similar work,” Devido says. “It is very inspiring. And that I have had the chance to get direct input from Meleis on how I have utilized her theory to guide this work – many researchers never get that opportunity – it is incredible.”

Still, much of the inspiration to create the program came from Devido’s own years of hard work and experience. She spent the first part of her career as a labor and delivery nurse before moving on to pediatrics, becoming a nurse practitioner, and eventually going back to school for her doctorate. There, partially guided by what she saw during all those years in maternal child care, she pursued certificates in women and gender studies and focused on health equity.

“I have made it my life’s work to seek out safe womanhood – a right that all women so deeply

deserve,” Devido says. “And this has been such an enriching experience for me. I have learned so much from this advisory board, and I have gained so much from working with them. They are experts in this field and this community, and that is so much of what we want to address with this program – that our experiences are all different, but when we work together toward a common goal they can make us stronger.”

She hopes the same ethos of creating strength and better understanding through unity will help her program become a permanent offering at Duquesne, even after the year-long trial period is up.

“I do not have all the answers and I certainly do not know how to fix everything. I am still learning myself,” Devido says. “And our goal is to foster our students’ commitment to lifelong learning. This team wants to promote an intentional and open approach to partnering with our patients and families at the point of care, and of collaborating with our colleagues, whether they be community activists, scholars, doulas or providers. That kind of meaningful alliance, where the needs of the patient drive decision-making, is what will create lasting change.” ♦

“I HAVE MADE IT MY LIFE’S WORK TO SEEK OUT SAFE WOMANHOOD – A RIGHT THAT ALL WOMEN SO DEEPLY DESERVE.”



MARY MEYERS, C.S.J., DNP, MSN, BA, MS, RN, AGNP-C, FINDS SUCCESS IN THE SUCCESS OF OTHERS

GETTING THROUGH A DOCTOR OF NURSING PRACTICE PROGRAM CAN BE A CHALLENGING PROSPECT, EVEN IN THE BEST OF TIMES. AND FOR MANY STUDENTS, THE SEEMING PARADE OF NATIONAL AND INTERNATIONAL CRISES IN THE LAST FEW YEARS HAVE HARDLY MADE THINGS EASIER. BUT WHEN THINGS GET STRESSFUL, SISTER MARY MEYERS GETS GOING WITH A RESEARCH PROJECT THAT COULD BENEFIT THOSE STRUGGLING WITH STRESS AND ANXIETY.

As the Director of Academic Support and NCLEX Success for Duquesne University School of Nursing, Sister Mary Meyers has made a career out of helping students find their scholastic footing, regularly stepping in with a combination of coaching and counseling to guide them through academic challenges and difficult times. Now, after almost a decade of helping students, Meyers has taken these experiences to conduct a research study on a relaxation technique known as “tapping.”



Mary Meyers, C.S.J., DNP, MSN, BA, MS, RN, AGNP-C

TAPPING

Tapping is a simple and effective technique that uses a combination of acupressure and mindful meditation to help users break the physical and emotional hold of stress on their mind. A person will tap on certain areas along their body’s meridian lines – or, the pathways that carry energy throughout the body, according to many modalities. While performing this act, they recite a mantra, or concentrate on accepting or resolving a problem they are dealing with.

“The initial goal was to see if tapping could help students struggling with schoolwork,” explains Meyers, who recruited nursing students for the study. “In terms of the study, if the technique did not work, it would have been OK. I would have simply viewed the information as useful data. But personally, it would matter very much because these students reached out for help. And I so wanted them to receive the help they needed.”

Happily, the results show that the exercise correlates to real change on someone’s perceived stress levels –

an impact that then typically maps to a positive reinforcement cycle of better grades and higher confidence. An initial small-scale study of 10 students, who learned the technique via Zoom then practiced it for four weeks, showed anywhere from a 12.5% to a 45% drop in stress levels over that period. To signal effectiveness, Meyers says she was looking for a difference of 5%.

Encouraged by what she saw, Meyers put together a larger-scale test for the research project that would help her earn her Doctor of

Nursing Practice, this time teaching the technique to 90 students and measuring stress levels at the start and end of a four-week period. But even with the success of the first test and several decades of helping students gain that type of academic momentum behind her, Meyers was shocked at just how dramatic the data were.

This time, the results showed an overall 90% drop in anxiety levels and a 64% drop in stress. With the emotional stakes high as the computers crunched the final numbers, Meyers says she had to hold her breath and close her eyes as the results were calculated. “But then my colleague Dr. Angela Karakachian shook me and said, ‘Look at this!’ And I started looking, and I was amazed. The technique is so simple. It is almost like, is this really possible? But the numbers were there, sitting right in front of us.”

The tapping theory states that what makes this method so powerful is its ability to bypass the more cerebral frontal cortex. Instead, the meridian points in question map directly to the stress centers of the mid-brain, including the amygdala – catalyst of the fight or flight response.

The simultaneous activation of this area of the brain with the reciting of positive mantras is thought to alleviate not just stress but anxiety, depression, and even insomnia and PTSD. For her students, Myers uses the mantra, “I totally and completely accept myself,” an idea she says allows them to not just feel better about themselves but reorganize their emotions in a more helpful way.

“Because anxiety and PTSD tend to have a life of their own, it makes people feel like they are out of control,” she says. “A mantra like this reminds someone that they are actually the one in control. It gets them to refocus and re-center, and it calms their heart rate and breathing.”

Fittingly, Meyers discovered the technique in the very stressful spring of 2020, with the world in lockdown and the deadline for her research project looming. A holistic nurse colleague had first introduced her to the idea, and she quickly thought to put it to use on her students, many of whom were struggling with the extra anxieties related to the pandemic.

But tapping is far from the only tool in Meyers’ repertoire. The success coach has a long and varied history in the fields of both nursing and education, bringing with her techniques around reading, studying and stress management. And her experience is only buoyed by her easy, warm demeanor, quick wit and genuine kindness.

“I do not think I would still be in nursing school without her,” says junior Will Buchholz. “It is not only the knowledge she helps you build, but the confidence.” Inspired to take a job in the health care field after going through his own stints in the hospital as a child, Buchholz struggled through his first year at Duquesne. But after practicing with Meyers for the last year, he is now a 4.0 student – and one of her many success stories walking the School of Nursing halls.

“She makes sure you never leave feeling bad,” Buchholz says. “She gives you a list of things to work on, but also makes sure to say, ‘Wow, look how far you have come.’ She makes you realize that you have a talent, but you still need to put in the work.”

Duquesne alumna and former student of Meyers, Ellie Sebastian, RN, had similar high praise for the educator’s influence. “Right off the bat, she was so welcoming,” she recalls. “There was no judgement. She was just genuinely there, seeing how much she could help me improve, getting me to the point of graduation, and really feeling confident about going into the workforce and being a nurse.”

“I would go there at such low points. I would be on the edge of tears, and she would snap me right out of it, saying, ‘This can be done, you just have to keep going,’” Sebastian says. “Words cannot really describe the way I was feeling before I started seeing her compared to the way I feel now.”



Sister Mary Meyers with junior nursing student Will Buchholz.

With that type of impact, it is no wonder that last year's School of Nursing's commencement speaker, Sandra L. Rader, DNP, MSA, RN, NEA-BC, president of UPMC Presbyterian Shadyside, referred to Meyers as the school's "CEO of Happiness." But like anyone in that vaunted position, Meyers had to work for her credentials.

FINDING HER WAY

Despite graduating from high school with a nursing scholarship – and a deep interest in the subject – Meyers chose to study history and secondary education at St. Joseph's College in Brooklyn, N.Y. She ultimately pursued the field of education, concerned that she would "never be able to get over the tubes and needles" that come along with nursing. Right after college she entered the Sisters of St. Joseph in Brentwood, N.Y.

And she found herself flourishing in the classroom, staying in the education realm for 19 years, going on to earn her master's and teaching every grade from kindergarten through high school. It was not until 1997, a few years after she had moved to Pittsburgh, Pa., that Meyers' sister, Anne Nelson, who is a nurse practitioner, finally convinced her that 'the tubes and needles eventually become no big deal.'

"She would tell me these stories about her work," Meyers says. "And I became fascinated by it all over again." Meyers enrolled in Duquesne's Second Degree BSN program in the summer of 1998, gaining her degree in less than two years. For Meyers, the experience wrapped up in the nick of time.

Shortly after graduation, her then 88-year-old mother had a bad fall. At that point, Meyers was working in the critical care unit at Pittsburgh's Mercy Hospital. She switched her status to casual so she could split her time between Pennsylvania and New York, where her mother, who was showing early signs of dementia, lived with her brother and sister-in-law.

Happily, though somewhat busily, what Meyers thought was going to be a short-term arrangement stretched out into five years as her mother continued to thrive after recovering from her fall. "I started to think she was going to outlive me," Meyers says, with a good-natured laugh. "I thought she would live forever."

But eventually, her mother's health took a turn for the worse. Meyers then moved permanently back to New York for the last four years of her mother's life, taking up work first as an ICU nurse in a nearby hospital and then as a hospice nurse, eventually, caring for her mother once she was moved into the program.

FULL CIRCLE

Returning to Pittsburgh afterward, she was physically and emotionally exhausted, and was not sure if she had it in her for another run working in hospice or the ICU. So, she thought to call an old colleague at Duquesne, saying she was in between jobs and wondering if there was anything the school might have opening up.

As it turns out, there was an opening available for a clinical instructor, something Meyers thought would be an "interim gig" while she figured out her next big step. But before long, word of her long career in the academic field spread, and she was asked by Dean Mary Ellen Smith Glasgow to take on some students as a tutor.

What started as a semester helping eight students quickly turned into a request from the school to turn that tutoring into a full-time job, after those students' test scores all leapt by leaps and bounds over the course of just a few months. And Meyers was more than happy to pioneer the role, in time turning it into the job she has – and cherishes – today.

"It was really just meant to be, that I did everything when I did it," she says. "I think I was meant to be teaching when I was, and I was meant to be nursing when I was. And now I have come full circle. I am using all the skills I have learned from both and have created my own role. One that fulfills me in all of these ways.

"When you are in the middle of everything, it can be hard to see or understand what is happening or why, but then suddenly, the doors open, and you just have to look around and say, 'Wow, here I am.' So that is why I really think my mother engineered this opportunity for me from heaven. I think it was her way of saying, 'Thank you for those nine years. Now, go enjoy the best job of your life.'" ♦

"But then suddenly, the doors open, and you just have to look around and say, 'Wow, here I am.'"



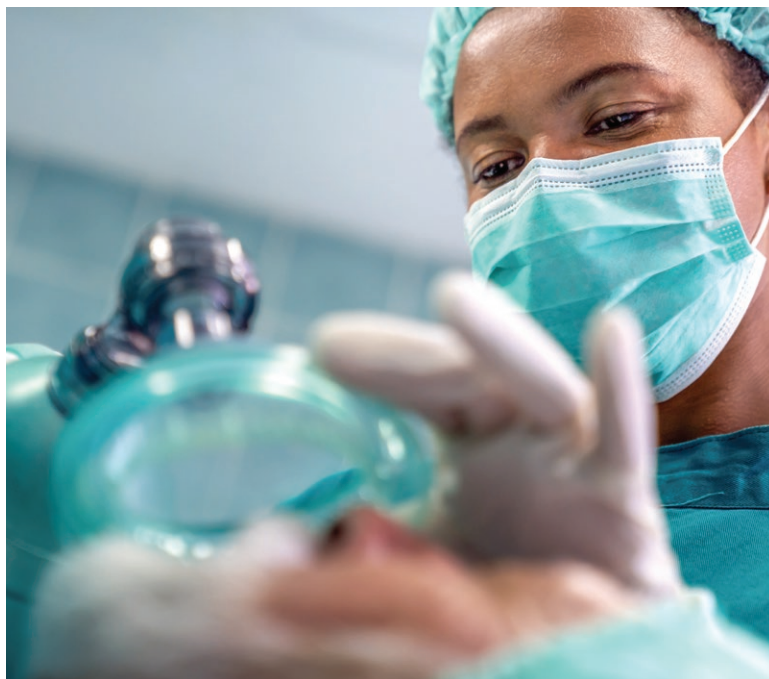
DUQUESNE UNIVERSITY AND ALLEGHENY SCHOOL OF ANESTHESIA PARTNER UP TO OFFER AN ENTRY-LEVEL DOCTOR OF NURSE ANESTHESIA PRACTICE PROGRAM

In fall 2022, Duquesne welcomed its first Doctor of Nurse Anesthesia Practice (DNAP) degree cohort. This three-year degree will provide nurses with the skills they need to make a difference in a wide range of care settings, while learning to take a patient-centric research approach to improve patient outcomes.

“Nurse anesthetists are already woven into the fabric of our health care system and play a vital role in the care of some of our most vulnerable patients,” says School of Nursing Clinical Professor and Director of Nurse Anesthesia Studies and Scholarly Projects Michael Neft, PhD, DNP, MHA, RN, CRNA, FNAP,

FAANA, FAAN, who also recently earned his PhD in Nursing at Duquesne. “By providing a doctoral-level education, we are continuing Duquesne’s mission of putting patients first, and are training the next generation of doctoral nurses who will lead the way in both practice and research to improve anesthesia care policies and practices.”

This DNAP program is a partnership between Duquesne University and Allegheny School of Anesthesia (ASOA). ASOA, a nationally accredited anesthesia program has been training nurse anesthetists for more than 60 years.



“Our graduates can practice anywhere in the country and beyond. This doctoral level offering will prepare them to be researchers, leaders and advocates for the nurse anesthesia profession.”

“Our graduates can practice anywhere in the country and beyond,” says Deborah Davison, DNAP, MS, BSN, RN, CRNA, long-time program director of Allegheny School of Anesthesia. “This doctoral level offering will prepare them as future researchers, leaders and advocates for the nurse anesthesia profession.”

Nurse anesthetists fill an essential role in the health care workforce. They work in doctors’ offices, clinics and hospitals but also with dentists, podiatrists, ophthalmologists, plastic surgeons, with pain management and in the military. Neft himself is a Lieutenant Colonel, US Army, Retired, and served as the assistant chief nurse anesthetist for the Walter Reed Medical Center for two years as part of his military career.

Overall, nearly two-thirds of anesthetics given to patients in the U.S. are administered by CRNAs, and nurse anesthetists represent more than 80% of the anesthesia providers in rural counties. Many rural hospitals are critical access hospitals, and often rely on independently practicing CRNAs for anesthesia care. This is especially critical in rural general obstetrics care as half of U.S. rural hospitals use a CRNA-only model for this type of care.

“There are many medically underserved areas in this country, where CRNAs provide much needed anesthesia services. We saw that especially during the COVID pandemic, where physician supervision

requirements were suspended,” Davison adds.

“CRNAs could step up and work more independently, within the full scope of their education and training. In addition to practicing in a wide variety of clinical settings, including the military, CRNAs are involved in politics, research and education.”

A GROWING DEMAND

The need for these skills is also growing. According to the Bureau of Labor Statistics, 2,900 CRNA jobs will be added to the labor market each year over the next decade. It can also be a lucrative career: The current national average salary for nurse anesthetists being \$189,190.

According to Davison, “Our diverse population is aging, and we are seeing individuals presenting with multiple comorbidities. They require more advanced care, involving specialized monitoring and surgical techniques.”

A doctoral degree means not only better care for patients, but also more nurses equipped with the tools to advance research and policy with a patient-centered focus.

“Politically active CRNAs advocate for practice and policy changes,” Davison adds, and she hopes these future DNAP graduates will become key players in research and policy changes that will also address the cost of health care by advocating for more cost-

effective anesthesia care models while continuing to provide patients a high quality of care. She believes Duquesne's experience in teaching governmental affairs and finance courses is critical for nurses preparing to take on leadership roles, and will also benefit doctoral anesthesia students.

Through the DNAP program, students take online and face-to-face nursing and science courses through Duquesne University's School of Nursing and John G. Rangos, Sr. School of Health Sciences, respectively, as well as face-to-face anesthesia courses, simulation training, and direct patient care rotations through Allegheny School of Anesthesia and its many established clinical sites. Students are also required to complete an anesthesia-focused scholarly project as part of their studies.

"They could involve education projects for anesthesiologist practitioners that will ultimately be used on real patients so that they can assess how comfortable the practitioner is in performing the technique and what the patient outcomes are," Neft says. "Sometimes they are policy-oriented projects, other times they are protocol-driven."

"The first class of DNAP candidates is made up of 24 students. The typical student has a bachelor of science degree in nursing, graduated with a GPA of 3.2 to 3.5, and has at least two years of critical care experience," Neft says. "They are usually very driven, type-A personalities."

"They are critical care nurses who want to advance their professional education and become more autonomous," Davison adds. "We accept individuals who have applied themselves up to this point and are lifelong learners because health care is one of the most rapidly changing industries."

The collaboration between Duquesne and Allegheny School of Anesthesia began when Davison approached Duquesne University administration. She was aware of the mandate that all anesthesia programs transition to the doctoral level, and believed the two schools would be a good fit. "I wanted my students to have the support and resources necessary for success at the doctoral level and felt confident Duquesne could provide that." ♦

"I WANTED MY STUDENTS TO HAVE THE SUPPORT AND RESOURCES NECESSARY FOR SUCCESS AT THE DOCTORAL LEVEL AND FELT CONFIDENT DUQUESNE COULD PROVIDE THAT."



ALUMNI NEWS

DUQUESNE UNIVERSITY NURSING ALUMNA

JAYNA MOCERI-BROOKS, PHD, RN

Pursuing the Purple Heart to Prevent Veteran Suicide

ALUMNI PROFILE

JAYNA MOCERI-BROOKS, PHD, RN

“Thanks to the phenomenal faculty at Duquesne’s School of Nursing, I grew in so many ways.”

For those in the military, a Purple Heart is a recognition of their combat-related wounds. But the decoration, which was established by George Washington in 1782, is not just a medal. Service members and veterans with Purple Hearts are put into a higher medical priority group for treatment at Veterans Affairs (VA) hospitals and clinics, are exempt from the VA Home Loan funding fee and can receive a variety of increased benefits.

But service members and veterans with traumatic brain injuries (TBIs) are often overlooked when it comes to both their injuries and recognition with Purple Hearts. Recent Duquesne University PhD in Nursing graduate Jayna Mocer-Brooks found that the lack of this recognition is so intense that it is associated with increased suicide risk, particularly in post-9/11 Army combat veterans.

“TBI is a uniquely invisible injury, and having a Purple Heart not only recognizes that injury, but can also help veterans receive care for it,” she says. After working directly with veterans on Purple Heart applications, she decided to turn this into her life’s work, which led her to earning a nursing PhD to further her research and advocacy.

“Thanks to the phenomenal faculty at Duquesne’s School of Nursing, I grew in so many ways. My critical thinking deepened, and I developed the ability to ask new questions,” she says. “I learned the art of scientific inquiry.”

RECOGNIZING A NEED

Mocer-Brooks started her nursing career with a bachelor’s degree in nursing from Seattle Pacific University. She worked as a post-partum and post-surgical gynecology nurse, and then focused on emergency and trauma medicine while also serving as a children’s immunization nurse in WIC clinics, a school nurse and a community educator on military bases for soldiers and their families. She also earned her master’s degree in nursing from the University of Washington Tacoma.

She was drawn to Duquesne University for a PhD by the strength of the faculty's research, especially that being done by Linda Garand, PhD, GCNS-BC, associate professor in the school of nursing, whose work has focused on the caregivers of veterans with TBIs. Mocerì-Brooks is an active duty Army spouse and knows firsthand the struggles that veterans face. "We really need to help them," she says.

Part of that experience is seeing how difficult it is for veterans of post-9/11 conflicts to have their TBIs recognized as combat-related injuries. While advocating for her husband to receive care for the TBIs he sustained during deployment in Iraq, she began assisting other wounded veterans in the process of obtaining a Purple Heart. That is how she identified that their injuries – and applications – were routinely downplayed and denied. In 2009, she co-founded Recognize the Sacrifice, a veterans advocacy group, with Kate Kemplin, PhD, RN, also a nurse and military spouse, after the two got to talking in a base gymnasium in Vilseck, Germany, while waiting for soldiers to return from a 15-month tour in Iraq.

Their organization advocates for service members with combat-related TBIs to receive an early diagnosis, continued, consistent care and official recognition of their sacrifice by receipt of the Purple Heart medal. They also work with military leaders and health care providers who are dedicated to ensuring soldiers and veterans receive appropriate recognition and care.

That included Mocerì-Brooks and her husband coming forward about his experiences, and what they saw happen to other service members and veterans suffering from TBIs, with National Public Radio and ProPublica, an independent, nonprofit news organization in 2010, in a story that brought attention to the issue.

Through all of this work, Mocerì-Brooks has witnessed how difficult it is for veterans to receive the Purple Heart recognition, and the consequences. "I worked with several combat veterans who have been denied Purple Hearts for not having documentation from Iraq or Afghanistan, which is an almost impossible request," she says. "How were they expected to get a paper slip from a medic in the midst of combat that showed they had a TBI from a blast?"

This work – and what she felt were still gaps in it – led her to Duquesne. "I knew I needed more tools to advocate for this population, which is what prompted me to pursue my PhD," she says.

It is still a problem. In 2020, 80 veterans submitted applications for Purple Hearts but only 29 were initially approved, according to the U.S. Army. Though some were approved after lobbying by veterans and their medical providers, those initial denials can still have detrimental effects.

CONTINUING HER WORK

While working on her PhD, which she finished in only three years, Mocerì-Brooks launched a two-pronged study on suicidal behaviors in post-9/11 Army combat veterans with a deployment-related TBI, through a survey of 62 combat veterans, and one-on-one interviews with 17 combat veterans. She focused on these veterans because they have the highest risk of suicide in the military. Since 2001, more than 114,000 veterans have died by suicide, according to the group Stop Soldier Suicide. Since 2006, there has also been an 86% increase in suicide among 18- to 34-year-old veterans.

Among Mocerì-Brooks' findings was that feelings of betrayal often came from not receiving the Purple Heart, which these veterans are entitled to from being wounded in combat. "This is especially true when military leaders or health care providers deny their symptoms and tell them no, it did not happen. Combat veterans who received a Purple Heart say it serves as their advocate."

In addition to still serving as director for Recognize the Sacrifice and volunteering as a soldier and family readiness group advisor, Mocerì-Brooks started a post-doctoral fellowship at the New Jersey Gun Violence Research Center at Rutgers University in 2022 to continue her research into veteran suicide prevention.

Through a Department of Defense grant, she is focusing on firearm suicide prevention across all branches of the military. She is also working to have her PhD research published in an academic journal and is working with the media to continue to tell the story of this unique veteran problem, in the hopes of helping them and spurring the military to change.

"My Duquesne degree, and this work, is connected to my desire to care for others and my love of science, which is what brought me into nursing in the first place," she says. "It is like detective work, with the result of being able to make a difference in the lives of others." ♦



ALUMNI NEWS

DUQUESNE UNIVERSITY NURSING ALUMNA

FELICIA “LIZ” STOKES, PHD, JD, RN

As director of the American Nurses Association Center for Ethics and Human Rights, Stokes has developed a reputation as a leader in the health and legal communities and as an international speaker on the code of ethics for nurses.

For Felicia “Liz” Stokes, completing a fourth degree was a major step in a career that traversed the formidable world of nursing, law and ethics. “I had always considered pursuing a PhD and was not sure where to go or how it would fit into my life,” says Stokes, who is a nurse, a lawyer and a nurse ethicist.

In 2017, an email from a colleague introduced Stokes to Duquesne University’s newly developed Doctor of Philosophy in Nursing Ethics program. “My colleague thought I’d be interested in a teaching position,” says Stokes, who recalls responding, “No, but I think I may want to apply as a PhD student!” Stokes calls the program “a perfect marriage between my background, my experience, my expertise and my passion.”

BUILDING AN ETHICAL FOUNDATION

During law school, Stokes was president of a medical legal partnership that focused on child health advocacy. There she experienced firsthand how social issues and external factors had an impact on childhood health and learned how to legally address these issues. “Seeing the holistic picture that patients are more than what we see at the bedside spawned my interest and passion for ethics,” she says. “When I would research [nursing ethics] issues, I would find there was no answer to some of the ethical questions.”

The Duquesne PhD in Nursing Ethics program, the first in the country, was established as a collaboration between the Duquesne University School of Nursing and the Center for Global Health Ethics.

Stokes says the PhD program allowed her to think on a larger scale how she could impact nursing and nursing ethics. “Liz was the first student in that program,” says Dr. Joris Gielen, director of the Center for Global Health Ethics. “She is a nurse with a very good understanding about how nurses are part of health care in the broader context. She is a leader in her own field.”

Stokes earned a Doctor of Philosophy in Nursing Ethics from Duquesne University, a Master of Arts in Bioethics and Health Policy in 2017 from Loyola University Chicago, a law degree from the University



ALUMNI PROFILE

FELICIA “LIZ” STOKES, PHD, JD, RN

of Richmond School of Law in 2010, and a Bachelor of Science in Nursing from the University of Virginia in 2002. She is a licensed RN and attorney in the District of Columbia and licensed attorney before the U.S. Supreme Court. She has received accolades for her work in ethics, including the 2022 Nursing Ethics Leadership Award, Ethics of Caring and the National Nursing Ethics Conference; the 2017 Becker’s Hospital Review Rising Stars in Healthcare Award; and the 2017 National Minority Quality Forum 40 Under 40 Leaders in Health Award. She has authored public policy on ethical issues including medical marijuana, end of life, social justice and woman’s reproductive health, and is frequently published in nursing journals.

ALUMNI NEWS

“Liz is definitely a role model for nursing,” says Laurie Badzek, LLM, JD, RN, FMAP, FAAN, her longtime mentor and Dean of Penn State University College of Nursing. “The nurses working at the bedside, working with patients or students, and dealing with all of the COVID-19 patients on a day-to-day basis, those are the nurses who look up to Liz, who every day experience an ethical issue where they work. During COVID, nurses were looking for guidance, and the American Nurses Association (ANA) was providing guidance. She was right in the thick of it.”

Stokes followed Badzek as director of the American Nurses Association Center for Ethics and Human Rights. “She is already impacting her profession,” Badzek says. “She has an inquisitive mind. Ethics is putting a puzzle together, piece by piece; making the decision that is the best for everyone involved.”

AN ETHICAL APPROACH TO SLOW CODES

Stokes completed the Duquesne PhD program in five years, starting in May 2017 and graduating in May 2022, coinciding with the pandemic. “COVID-19 amplified my full-time work,” she says. “Work at ANA exploded.” But, working from home during the pandemic eliminated a lengthy commute; grocery and other delivery services became time savers; working out at home replaced gym time. The COVID isolation created a powerful opportunity to use the lockdown time for writing, reading and organizing her dissertation.

As part of her doctorate program, she embarked upon a full dissertation topic, and a year-long study looking at a nurse’s role in end-of-life care related to limited resuscitation or partial CPR. “Liz wanted to do something different, very original,” Gielen says. “She wanted to develop an ethical approach to slow codes.” Her dissertation, titled “Exploring Moral Permissibility of Nurse Participation in Limited Resuscitation,” included a full study of the little spoken of practice known as “slow code.”

A slow code occurs when an emergency medical response team chooses not to administer resuscitation treatment because they know it is not going to be effective, but either the patient or the relatives say they want everything being done to save the patient. The team knows the resuscitation will only prolong suffering as CPR is very invasive and physically aggressive, especially in older adults. So, the health care team might go light on the compressions, or do an abbreviated version, or when the patient’s heart stops they walk to the crash cart, not run. It becomes a reduced effort of resuscitation. “People do not always talk about it. They may not admit that it happens,” she says.

“I interviewed 24 registered nurses,” Stokes says, “not with the lens of slow codes, but asking, what do you do in a conflict at the end of life, where the patient is terminal, they do not have a good prognosis, but the family is not ready to let go?”



Dr. Liz Stokes with Dr. Eric Vogelstein, associate professor and director of ethics for Duquesne University School of Nursing at the 2020 Carol Carfang Nursing & Healthcare Ethics Conference.

“She is already impacting her profession. She has an inquisitive mind. Ethics is putting a puzzle together, piece by piece; making the decision that is the best for everyone involved.”

“Clinicians have a lot of trauma and distress repeatedly performing this aggressive care, and most of the time the patient will not survive. If they do, they may not make it out of the hospital,” she says. “The reality is CPR is tricky with informed consent. It is the only medical practice that does not require informed consent because it is an emergency.”

Her questions to the two dozen experienced RNs produced a range of responses. “Some of the nurses were very up front; some nurses were protective of their profession saying, ‘no, we would never do something like that; it is unethical, inappropriate.’ I got both perspectives. It was fascinating,” she says. “The best part of the dissertation, to do this full study, was to learn more about a topic I am absolutely passionate about and to publish it and share my results.”

“She came up with the concept of limited resuscitation,” Gielen says. “So, we are still going to do the resuscitation because that is what they want, and we will respect their wishes, but we will have a very profound discussion about what exactly do they want. What part of this resuscitation do you want, how long do you want it to continue?” By developing this argument, Gielen says Stokes’ conclusion was a solution that empowers the patients and family members to think about the decision they are making. “It also makes it possible to have a more profound discussion about alternatives and palliative care,” Gielen said.

Stokes has formally presented her findings several times, receiving positive feedback and support for continuing her research. “It is a very gray area because no one admits that they do it,” she says. “My research was before COVID. I was in the program and publishing during COVID. People ask me if I would do the study again post COVID, and I think I might.”

EVOLVING ROLE OF NURSING

With a gentle smile and hesitation, Stokes says the most meaningful moments from her career are not what most people would expect. It is when patients and families say “thank you,” and she can see the impact she has made. “I am very passionate about my impact on end-of-life care, especially the role of the nurse, the one on the front line, at the bedside, with the patient who is dying and has no one, or supporting families through the dying experience. Those are precious times.”

Stokes’ goal is to empower nurses by giving them an active role so they can better deal with processes like end-of-life care which will make them better caregivers.

Stokes sees the role of nursing changing and evolving. “My mother was a social worker. She used to work in a hospital, and she would tell me incredible stories about working in the clinical setting with patients who were sick. That had an impact on my decision to go into nursing.”

As an advocate and supporter of the profession, Stokes says she is inspired by new nurses who are bravely forging a path in the complex field of health care. “Laws and regulations impact our health and health care infrastructure,” she says. “Nurses need to think about how it impacts them, how it impacts their practice, and they also need to think about how they can impact that change.

“We want people to be healthy, and to reach their goals for a good quality of life. And that is the common goal. We have to find a way to get back to our common goals,” she says. Access to information, the internet and digital content have given nurses the opportunity to be much more aware of the greater health issues in our country and internationally. “Nurses are different today than in the past,” she says. “The nurses today are shaping our profession in a different way.”

Nurses are on the front lines of ethical issues, and Stokes says she is inspired by new nurses. “There is a bravery there I have not seen before, and I am excited to see what is going to happen,” she says.

Stokes’ goal is to empower nurses by giving them an active role so they can better deal with processes like end-of-life care which will make them better caregivers. “It is not just the grace and beauty of the dying process, but also the life-saving process,” Stokes says. “The ability to positively impact people’s lives every single day is truly amazing.” ♦

STUDENT NEWS



“THE IDEA TO TRANSITION FROM THE BACK OF AN EMERGENCY VEHICLE TO AN ACTUAL EMERGENCY ROOM AS A NURSE EVENTUALLY TOOK ROOT, AND IT WOULD NOT LET GO.”

KEEPING TIME:

NOAH AMRHEIN HAS BEEN KEEPING A STEADY BEAT FOR YEARS. FIRST AS A HIGH SCHOOL DRUM MAJOR, THEN AS AN EMT AND NOW AS A DUQUESNE NURSING STUDENT.

As a drum major in his high school marching band, Noah Amrhein learned the importance of timing, and he has been keeping precision time ever since.

This particular skill is especially important to Amrhein because in addition to his rigorous coursework as a Duquesne nursing student, he also makes time to work at three ambulance services and three fire stations. “It is physically and emotionally challenging, but the more I experience, the more I know that helping people is meant to be my life’s work,” says Amrhein, who appreciates the diversity of his role and how every day is different.

To help manage his busy schedule, Amrhein calls upon the skills he developed while directing the band: leadership and in-the-moment problem-solving skills. “When it comes down to it, you just have to be ready

for anything,” he says. “As an EMT, you have to be prepared for the unexpected. What appears to be a simple call could quickly turn into a cardiac arrest situation. In that moment, you have to stay present, stay clear and work with what is happening in front of you the best you can.”

TAKING CUES FROM HIS PAST

Although he strives to do his best, Amrhein admits he often comes away from a call questioning his decisions and wondering if he could have done more. Then he recalls how his high school bandmates would regularly come to him for guidance or help. “Although they may have been hesitant to ask a question or for help, they stepped up and came forward. Because this is how we advance. We ask questions so we can learn and improve.

I try to remember this after I have encountered a challenging situation and am left with questions,” says Amrhein, who will often reach out to senior EMTs for their advice.

“There have been times when I would finish working on a tough call or have had a hard day, and I would say, ‘Did I do that well enough? Am I cut out to treat patients?’” he shares. “The people I work with are great. I can approach them when I have doubts and talk things through. Sometimes we need that reassurance. Need to hear we are on the right track. You go into this field because you want to help,” Amrhein continues. “But eventually you learn that there are some things you cannot control – no matter how knowledgeable you are or how much you want to lend aid.”

Amrhein first began volunteering for a local fire company in his hometown of Sharpsville, Pa., when he was only 16 years old. “I started out by running medical calls and quickly grew more and more interested in health care,” says Amrhein, who set out to experience and learn as much as he could about the field – a progression that eventually led to working with two additional fire companies and becoming an emergency medical technician. As Amrhein continued to gain hands-on experience, he began to develop a more nuanced idea about how he could make helping others his life’s work.

According to Amrhein, working as an EMT has been an invaluable experience. Because in addition to serving others, he discovered a passion for providing emergency critical care and a desire to engage in more meaningful patient care experiences. “I wanted to do more than treat someone and then never see them again,” he explains. “The idea to transition from the back of an emergency vehicle to an actual emergency room as a nurse eventually took root, and it would not let go.”

CHOOSING HIS PATH

Among his family, Amrhein can count a nurse and a doctor on his mom’s side and a fellow EMT on his father’s. So, in many ways, he says wanting to care for others is in his blood and choosing nursing for his career path just makes sense.

“You never really know what your patients are going through,” he says. “Sure, you know the diagnosis, the procedures and treatment – ‘This is a symptom of this disease; you can address it with this type of medication.’ – but you have no idea what kind of life they have. You

really have to try to avoid the tunnel vision of treating the direct symptoms and remember that you are taking care of an entire person; a whole human whose needs might go beyond getting the medication right. And being able to recognize this and play a bigger role in a patient’s life is appealing.”

Amrhein’s instincts for practicing a more well-rounded, holistic style of patient care was one of the first things that sparked his interest in Duquesne University. “Attending Duquesne has been one of my best decisions,” he says. “I have taken several classes based directly on the tenets of holistic nursing. Faculty stress the importance of treating patients as a whole person. We learn that we need to treat the person and not just the symptoms. It is such an inspiring environment to learn in, and the faculty really care. You just know that they truly want their students to succeed.”

While Amrhein is looking forward to a nursing role that allows him to get to know his patients, he is not ruling out an eventual return to his roots and working in emergency situations directly in the field. While the ER and the ICU remain his immediate goals after graduation – something that would allow him to get to know patients on a more personal basis – he may one day pursue a career with STAT MedEvac.

STAT MedEvac is a critical care air transport system and is the clinical arm of the Center for Emergency Medicine of Western Pennsylvania. The STAT MedEvac’s primary role is to arrange and coordinate the operation of air ambulance services, and as of July 2017, two ground ambulances for patients with an injury or critical illness.

“That would really be the best of all worlds,” he says. “It is the best combination of what I have done in the past, what I do now and what I am going to school to do in the future.” ♦

“I wanted to do more than treat someone and then never see them again.”

STUDENT NEWS



UNDERGRADUATE NURSING STUDENT EMMALA LE IS PASSIONATE ABOUT PROMOTING DIVERSITY AND INCLUSION, AND LOOKS FORWARD TO DRIVING SOCIAL JUSTICE AND EQUITY IN HEALTH CARE AS A FUTURE DUQUESNE NURSE.

COMMITTED TO **EQUITY AND INCLUSION**

Emmala Le knew she wanted to be a nurse from a young age. For Le, there was not a single moment in time that decided her future, but a series of experiences that all seemed to point her toward a nursing career.

Like any job, a career in nursing requires a certain set of skills and characteristics in order to be successful. Some skills, as Le discovered through the years, come naturally while others are gained through education. For instance, while growing up, Le dedicated a lot of time taking care of her two younger siblings – with whom she often felt like a second mother – with the type of nurturing instinct she says just came instinctively. And in school, she excelled in biology and anatomy – her marks were so good she qualified to take advanced courses.

And it seemed even in her downtime, she was pointed toward a future in nursing. While reading the book *The Fault in Our Stars*, a tear-jerking tale of a young girl with cancer, the main character notes at one point that she had a favorite nurse while in the hospital. Reading it as a young girl herself, Le says she was moved by the notion. “No kid wants to be in the hospital,” she says.

“It felt so powerful, to see what a difference a good nurse could make. It left a lasting impression on me.”

After all this, choosing a career in nursing just felt right to Le, who feels blessed to have had the many experiences that led her to nursing and to Duquesne. “Along my journey, there were so many little moments pointing me in this direction,” she says. “I just knew. And now that I am in it and on my way, I know I was right.”

A VOICE FOR OTHERS

Aside from pursuing her academic career at Duquesne, Le has built an impressive student resume as a defender of and a voice for social causes. This includes her work welcoming incoming groups of underrepresented students to campus and helping them connect with faculty and staff – and with each other – as a pre-orientation director with the Duquesne University Center for Excellence in Diversity and Student Inclusion; her role as a Duquesne community engaged scholar; and when she served as an intern for the Alliance for Refugee Youth Support and Education.

Off campus she has worked as a student intern to coordinate and facilitate programs for Alliance for Refugee Youth Support and Education, a nonprofit that supports immigrant and refugee youth to become prepared, engaged and confident members of the Greater Pittsburgh community. And she has led several sessions for the Sacred Conversations on Race program, which creates a safe space for students to express their thoughts and share their experiences about how race impacts their lives and their world.

EMBRACING SOCIAL JUSTICE IN NURSING

Being able to work in a field that allows her to promote transcultural nursing and social justice is important to Le. The soon-to-be graduating senior is the daughter of two parents from Laos, a first-generation South East Asian-American, and a first-generation college student. Le says her background influences how she approaches nursing.

“Even with a diverse community here on campus and within Pittsburgh, Pa., I have not met any Laotian people. I grew up in the Lancaster, Pa., area, which is a predominantly white area but where I still had a Lao community,” she explains. “Both my high school and Duquesne University are predominantly white institutions, so I think they offer similar climates. I understand how minorities may have distrust with the health care system because I identify as a minority and have heard how my family feels about hospitals. Also, through my education at Duquesne, I have dived deeper into the history of how racism has affected the trust between minorities and health care providers.

“I know that many minority populations may not trust hospitals and health care providers. This is something I need to be aware of and why I must always do my best to establish a good rapport with my patients so that they can trust me to provide care for them,” says Le. “Equity is an important concept to bring with me into my future career as a nurse. I will always advocate for my patients, no matter what that looks like.”

Even as she entered into nursing school, these earlier notions of social justice began to crystalize, as Le – and the rest of the world – witnessed the burgeoning Black Lives Matter movement in response to so much social unrest, and the unfortunate Asian hate backlash connected to the spreading COVID-19 pandemic.

For Le, the events served as a reminder that there was still much work left to do.

“Duquesne has truly become a home away from home, and I grew so much – as a person and a future nurse. I am excited to take the next step and begin my career as a Duquesne nurse.”

“The ideas of social justice and diversity and inclusion became more important to me,” she says. “I still have more to do and much to learn. I wanted to be an ally to all, so by taking my time to think and care about what I am learning – as a community engaged scholar and through other classes at Duquesne – I felt more confident in supporting what I believe in, which is that equity is valuable and should be the priority in all areas of life.”

FUTURE GOALS

The ambitious Le has accepted a position at Lancaster General Health after wrapping up a student nurse externship at the institution. There, she hopes to gain more knowledge and experience on the medical surgery floor. But labor and delivery, she says, is where her passion lies. Le hopes to become more involved in maternal health and advocating for women across the board, in part by one day returning to school for a degree in midwifery.

The position would put her back in a place that always felt natural: helping care for babies, like the ones she is still fondly reminded of when thinking back on her younger siblings. But even as she approaches that full-circle fulfillment, Le reflects that it was her experience at the Duquesne School of Nursing that made up its core.

“Duquesne’s nursing program is what brought me here, but what kept me here are the relationships and friendships that I have developed,” she says. “Duquesne has truly become a home away from home, and I grew so much – as a person and a future nurse. I am excited to take the next step and begin my career as a Duquesne nurse.” ♦

RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

FACULTY AWARDS AND ACHIEVEMENTS



Dr. Deborah Dillon was inducted as a Fellow of the American Academy of Nursing (see below) and as a Fellow of the American Association of Nurse Practitioners.



Dr. Cynthia Rost passed the NLN Certified Nurse Educator Exam.



Dr. Grace Campbell was accepted as one of 12 nurse scientists into the third cohort of the prestigious Betty Irene Moore Fellowship for Nurse Leaders and Innovators. She was also elected as the Association of Rehabilitation Nurses (ARN) new Board Secretary/Treasurer.



Dr. Melissa Kalarchian was recognized as an Expertscape World Expert in Obesity.



Dr. Alison Colbert was inducted into the Duquesne Office of Research and Innovation Hall of Fame for her scholarship that addresses the provision of care to victims and perpetrators of violence and trauma.



Dr. Yvonne Weideman was inducted into the Global Academy of Holistic Nursing as a distinguished scholar, and she was selected along with her colleague for the John G. Rangos, Sr. Prize for "Environmental Health Micro Certificate."

PROFESSOR AND ALUMNA INDUCTED AS AMERICAN ACADEMY OF NURSING FELLOWS

Deborah Dillon, DNP, RN, CRNP, ACNP-BC, CCRN, CHFN, FAANP, clinical associate and director of the Adult-Gerontology Acute Care Nurse Practitioner Program, was inducted as a Fellow of the American Academy of Nursing for her outstanding contributions and impact on health and health care.

Dillon has been instrumental in advocating for full practice authority (FPA) for NPs and creating subsequent policy changes in the state of Virginia. She has more than 20 years of clinical experience in the practice of cardiac electrophysiology. Most recently she practiced as an acute care nurse practitioner in the Digestive Disease and Surgical Institute at the Cleveland Clinic.

The academy recognizes nursing's most accomplished leaders in policy, research, practice, administration and academia. Academy fellows, who hail from nearly 40 countries, contribute their expertise to help transform health care and achieve health equity on a global scale.

We also congratulate Duquesne nursing alumna Deborah C. Small, DNP, RN, NE-BC, on being named a 2022 Fellow. Small is the chief nursing officer (CNO) for Cleveland Clinic's newest hospital, Cleveland Clinic London. Small is a nurse leader with extensive clinical experience and numerous career accomplishments in strategic business development, service line leadership and quality improvement. Small has spent more than 30 years in the nursing profession.

The new fellows were recognized for their significant contributions to health and health care at the Academy's annual Health Policy Conference, which took place in October 2022 in Washington, D.C.

DEAN GLASGOW NAMED NAP DISTINGUISHED NURSING FELLOW

School of Nursing Dean Recognized for Achievements and Contributions to Health Care

School of Nursing Dean and Professor Mary Ellen Smith Glasgow was recognized for her ongoing contributions and professional achievements in health care with her selection into the National Academies of Practice (NAP) as a Distinguished Nursing Fellow on April 1 at the NAP Annual Convention held in Washington, D.C.

Fellowship is an honor presented to those who have excelled in their profession and are devoted to furthering leadership in practice, scholarship and policy in support of interprofessional care. Those elected join a distinguished team of professionals focused on advancing interprofessional health care by fostering collaboration and advocating for policies in the best interest of individuals and communities.

“I have always been a champion for interprofessional education before it even became commonplace,” says Glasgow. “Interprofessional education promotes collaboration, improves communication and team building among health care teams, and reduces medical errors.”

Glasgow was previously selected as a 2009 Robert Wood Johnson Foundation Executive Nurse Fellow where she led transdisciplinary simulation involving nursing, medicine, and health professions and quality, and safety initiatives. At Drexel University, she created the Pathway to Health Professions Program, a health science degree. While at Duquesne, she has led the creation of the Biomedical Engineering and Nursing Program and PhD in Nursing Ethics, both interdisciplinary academic programs.

She is the co-author of four books, two of which have won the *American Journal of Nursing* Book of the Year Award, first place; she has authored over 100 articles and book chapters, and has presented nationally and internationally. She is the recipient of the Villanova University College of Nursing Alumni Medallion for Distinguished Contributions to Nursing Education. She was inducted as a Fellow in the American Academy of Nursing and as a National League for Nursing Academy of Nursing Education Fellow.



**DEAN MARY ELLEN SMITH GLASGOW,
PHD, RN, ANEF, FAAN**
SCHOOL OF NURSING

Glasgow assumed the additional leadership position of vice provost for research at Duquesne in 2021.

The mission of the NAP is to serve as distinguished professionals advancing interprofessional health care by fostering collaboration and advocating policies in the best interest of individuals and communities. Election into the prestigious NAP in Nursing is a lifelong appointment.

NAP is a nonprofit organization built to advise governmental bodies on our health care system. Distinguished practitioners and scholars are elected by their peers from 15 different health professions to join the only interprofessional group of health care practitioners and scholars dedicated to supporting affordable, accessible, coordinated and quality health care for all. ♦

RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

ALUMNI AWARDS AND RECOGNITIONS



DIANE HUPP, DNP, RN, NEA-BC, FAAN
PRESIDENT OF UPMC CHILDREN'S HOSPITAL
OF PITTSBURGH

ALUMNA DIANE HUPP, N'87, M'95, IS THE FIRST WOMAN AND FIRST NURSE TO BE NAMED PRESIDENT OF CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

Diane Hupp, DNP, RN, NEA-BC, FAAN, assumed her new role as President of UPMC Children's Hospital of Pittsburgh on Feb. 1, 2022.

Hupp's career began at Children's Hospital more than 30 years ago as a volunteer. After earning her BSN from Duquesne and working as a staff nurse, she took on many nursing management positions including vice president of patient care services. Most recently, she served in a dual role as chief nursing officer and vice president of operations. She also led the COVID-19 response and vaccination clinics.

Hupp has very fond memories of her years taking care of children at the bedside, and says that now, as president, she will have a greater influence. "I am not only passionate about the safety of our patients and their families, but of our frontline staff at a time when it really matters," says Hupp. "People matter. Leadership matters. And first and foremost, taking care of these dear children and their families matters most."

In 2001, she became the director of perioperative services, and under her leadership, the surgical cases increased by 30%. Working closely with physician leaders from anesthesiology and other surgical subspecialties, Hupp was the catalyst for significant advancements in surgical technology, supply chain management, operating room efficiency and patient safety. Under her leadership, UPMC Children's has achieved two Magnet® designations with work in progress toward a third. ♦

ALUMNI AWARDS AND RECOGNITIONS

Sara Angelilli, MSN, RN, CNOR, received a *Pittsburgh Magazine* Excellence in Clinical Instructor/Educator Honorable Mention.

Emily Berta, DNP, RN, was named the Director of Nursing Professional Practice and Education for Allegheny Health Network and received a *Pittsburgh Magazine* Excellence in Nursing Clinical Instructor/Educator Honorable Mention.

Jayna Moceri-Brooks, PhD, RN, had “Solidarity in Tragedy: A Reflection on the Human Spirit” and “Homelessness in America,” which was co-written by Sister Rosemary Donley, S.C., published by the *Journal of Health and Human Experience*; she was named a post-doctoral fellow at Rutgers University New Jersey Gun Violence Research Center.

Myrna Abi Abdallah Doumit, PhD, RN, FAAN, MPH, BSN, received the Lebanese Order of Merit Award in acknowledgement of her role as immediate past president of the Order of Nurses and the great achievements of the Order and Lebanese nurses during the height of the COVID-19 pandemic.

Brett M. Fadgen, MSN, CFRN, CRNA, received a *Pittsburgh Magazine* Excellence in Advanced Practitioner Award.

Sydnee Lucas, DNP, APRN, FNP-BC, became co-coordinator of the Family Nurse Practitioner track at Cizik School of Nursing at UT Health Houston's Department of Graduate Studies.

Shanea Leigh Clancy, DNP, RN, CARN-AP, presented “Program Evaluation of Adolescent Intervention Program: Substance Abuse Education Program for At-Risk Adolescents” at the Nurses Organization of Veterans Affairs and at the International Nurses Society on Addictions Conference.

Carl A. Ross, PhD, CRNP, CNE, received a *Pittsburgh Magazine* Excellence in Nursing Academia Award.

Tatiana Sergent, BSN, RN, received the DAISY Award.

Deborah C. Small, DNP, RN, NE-BC, FAAN, was inducted as a Fellow of the American Academy of Nursing.

Jennifer Stephen, MSN, RN, CPN, was named Director-at-Large to the Society of Pediatric Nurses' Board of Directors.

Ashley Stewart, RPN, BScPN, MSN, SANE-A, SANE-P, was named President-Elect for the IAFN 2022 Board of Directors.

Liz Stokes, PhD, JD, MA, RN, was named recipient of the 2022 *Ethics of Caring Nursing Ethics Leadership Award* at the 2022 National Nursing Ethics Conference.

Susan Stuart, RN, MPM, was named the President and CEO of the Center for Organ Recovery and Education (CORE).

Anna Vioral, PhD, MEd, RN, OCN, BMTCN, received a *Pittsburgh Magazine* Excellence in Researcher Honorable Mention.



RANKINGS, RECOGNITIONS AND ACHIEVEMENTS

GRANT AND FUNDING NEWS

\$1M GIFT ENDOWS NEW NURSING SCHOLARSHIP

This generous gift from Thomas Arenz has established the Catherine Arenz Casile Endowed Nursing Scholarship

Duquesne University School of Nursing is thrilled to announce the newly established Catherine Arenz Casile Endowed Nursing Scholarship. The newly endowed fund will enable Duquesne to begin awarding partial scholarships to nursing students as early as fall 2023.

"This generous gift comes at a crucial time as the United States is experiencing both a nursing and a nursing faculty shortage," says Dr. Rick Zoucha, PhD, PMHCNS-BC, CTN-A, FTNNS, FAAN, professor and chair of Advanced Role and PhD Program at Duquesne University School of Nursing. The average nursing professor is over the age of 50, and a wave of faculty retirements is expected over the next decade.

The new endowment, which will fund two \$10,000 scholarships annually across undergraduate and graduate programs, will allow Duquesne Nursing to critically examine the health care landscape and determine where support is most needed to address the shortage.

"At this time, we see a growing need for more PhD prepared nurse educators," says Zoucha. "The Catherine Arenz Casile Endowed Nursing Scholarship will encourage prospective students to apply for the PhD program and potentially receive funding to complete the degree.

"By removing financial barriers, we can increase the number of PhD prepared nurses," says Zoucha. "We will have an impact on the potential to increase the number of nursing students and relieve the nursing shortage." Zoucha believes this donation will change the lives of these students and further inspire Duquesne's mission of preparing the next generation of nursing leaders.



Dr. Mary Ellen Smith Glasgow secured a \$2.5 million gift for the School of Nursing from the Bedford Falls Fund to support second degree BSN students with scholarships for a 5-year period beginning in fall 2022.

Dr. Kate DeLuca was awarded a \$144,250 HRSA Nurse Faculty Loan Program grant to provide scholarships to doctoral students who plan to pursue a nurse faculty position after graduation.

Dr. Alison Colbert was awarded a \$1.66 million HRSA Grant for "BSN-AID: Supporting Success for Second Degree Students."

Dr. Rebecca Kronk and her colleague Dr. Rita Mihailescu received an additional \$159,975 in funding from the National Institutes of Health for "Genomic Competencies for Nurses from Theory to Application: An Online Long Course."

Dr. Rebecca Kronk received a \$30,000 grant from the Edith L. Trees Charitable Trust to support the project "STAGES II – A Theater Program for Youth with Disabilities."

Dr. Khlood Salman received funding from Pennsylvania American Academy of Pediatrics in the amount of \$20,000 for "Enhancing Vaccination Practice Behavior Among Refugee and Immigrant Children."

Dr. Inah Kim received a Hunkle Dreaded Disease Research Award in the amount of \$9,890 to support "Fatigability in Lung Cancer Survivors."

Dr. Angela Karakachian was awarded a \$10,000 Faculty Development Award for "Pediatric Nurses' Lived Experiences of Caring for Victims Suspected of Child Maltreatment."

Dr. Ralph Klotzbaugh was awarded a \$10,000 Faculty Development Award for "CrossFit as Adjunct Treatment in Substance Use Disorder Recovery: A Participant Informed Approach."

Dr. Grace Campbell was awarded a \$10,000 Faculty Development Award for "Using Wearable Sensors to Establish Digital Biomarkers of Physical Function in Cancer Survivors."

Dr. Denise Lucas received a \$5,000 CVS Foundation Grant to support Family Nurse Practitioner Program scholarships.

Dr. Jessica Devido received a \$2,700 grant from the Heinz Endowments passed through Allegheny County to support the Maternal-Child Health Community Advisor for the Macy Scholars Program.

Dr. Jessica Devido was awarded a \$2,000 Center for Community-Engaged Teaching and Research Racial Equity Grant for "Continuing Education for Home Visiting Nurse Preceptors: Advancing Social Justice and Racial Equity."

Professor Amber Kolesar was selected for a \$1,500 Research Award from the Epsilon Phi Chapter of Sigma Theta Tau for conducting a descriptive phenomenological study to examine food insecurity among college students.

Drs. Mary Kay Loughran and Susan Kelly along with colleagues received the John G. Rangos, Sr. Prize for \$1,000 to support "Developing Cultural Sensitivity to LGBTQIA + Health Care Needs: An Interprofessional Learning Experience."

DUQUESNE SCHOOL OF NURSING RECEIVES TOP NATIONAL RANKINGS

New national rankings and test scores show Duquesne University's School of Nursing is providing horizon-expanding education, whether it is in person or online.

The nursing school's 2022 undergraduate graduating class far surpassed state and national averages on a test that determines licensure status. The school also received high marks from *U.S. News & World Report* for its online graduate programs.

"This recognition reflects both the hard work of our recent nursing alumni and our faculty in making Duquesne one of the top nursing schools in the country," says School of Nursing Dean and Professor Mary Ellen Smith Glasgow. "These results continue the school's legacy of preparing excellent nurses who are needed more than ever to deliver high quality health care."

The Duquesne class achieved a 95.58% first-time pass rate on the National Council Licensure Examination-Registered Nurse (NCLEX-RN) exam, a standardized test that every state regulatory uses to determine whether a candidate is ready to become a licensed registered nurse.

Duquesne's pass rate exceeded the national average of 79.92%, and the Pennsylvania average of 84.37%.

The school's online graduate programs also had a strong showing in the 2023 *U.S. News & World Report* Best Online Programs rankings.

Duquesne University School of Nursing Rankings

95.58%

NCLEX-RN EXAM First-time Pass Rate, 2022

College Factual | Best Colleges 2022

#6 Undergraduate Nursing program
out of 50 in the state of Pennsylvania

Fortune | Education, Top Graduate Schools 2022

#5 Online MSN Program in
the United States

Nursing Schools Almanac 2022

#22 Nursing School in the United States

#4 Overall in Pennsylvania

MilitaryFriendly.com

**Top
10** Military Friendly School



U.S. News & World Report School of Nursing Rankings

#63 Best Doctor of Nursing
Practice 2023

#51 Best Undergraduate Bachelor of
Science in Nursing (BSN) Programs
2022

#45 Best Master's of Science
in Nursing 2023

#37 Best Online Graduate Nursing
Programs 2023

#2 Best Online Master's in Nurse
Education 2023

#4 Best Graduate Schools – Family
Nurse Practitioner Program 2023

#9 Best Online Master's in Nursing
Administration 2023

#9 Best Online Graduate Nursing
Programs for Veterans 2023



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